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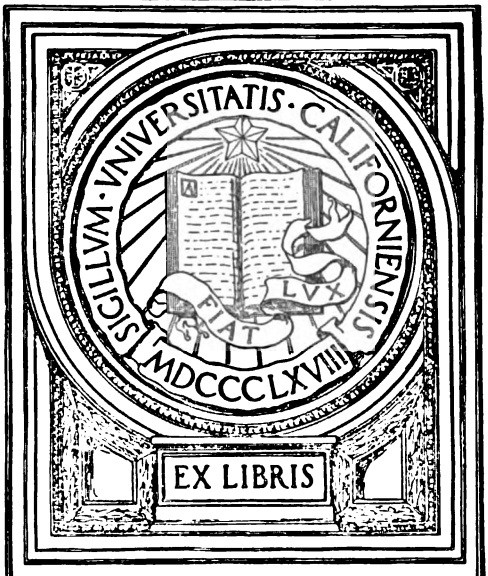

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VOL. XXII
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VOL. XXII. ST. LOUIS, MO., JULY, 1894. No. 7.

Strangulated Hernia: The Importance of Its Early Recognition and Advantages of Prompt, Operative Interference.*

BY I. P. KLINGENSMITH, M. D., F. S. SC.,
Surgeon Pennsylvania Railroad,
BLAIRSVILLE, PA.

In the scope of this brief paper, I will confine my remarks more particularly to the importance of an early diagnosis, and the necessity of prompt operative interference.

The most important feature associated with the successful treatment of strangulated hernia, is an early diagnosis. As practitioners are familiar with the various methods of diagnosis, it is unnecessary to enter into the details of this feature, but on the other hand I will endeavor to emphasize the importance of being ever on the alert where the vomiting is persistent, and not defer a thorough examination of those regions where hernias are most liable to exist, until our suspicions are aroused by the appearance of stercoraceous vomiting.

During the summer months when gastro-intestinal diseases prevail, and the vomiting is persistent, the possibility of the existence of an intestinal obstruction should be borne in mind, and under these circumstances, it should be made an invariable rule to examine the groin. While care must be exercised so as not to mistake a small incomplete, strangulated hernia for inflamed glands, nor a scrotal hernia for an attack of orchitis, yet where a tumor exists in those regions where hernias are most liable to appear, and the vomiting is persistent, the existence of hernia should receive the benefit of the doubt. In all cases where the diagnosis is obscure, the surgeon should not hesitate to make an explanatory incision, thereby enabling him to ascertain the true pathological condition.

In attempting to reduce a strangulated hernia, unless the patient can remain perfectly quiet, a general anesthetic should be administered. As posture is an important factor, the patient should rest upon the back with the thighs flexed upon the abdomen and the pelvis elevated. In this position, gravity carries the intestine and omentum toward the diaphragm, and when aided by gentle taxis on the neck of the tumor, facilitates reduction.

An expedient which has in numerous cases, in my practice, proven successful,

*Read at a meeting of the Indiana County (Pa.) Medical Society, May 8th, 1894.

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has been to prepare the strangulated hernia by the application of an ice-bag. This relieves the local pain and shrinks the swollen parts, often making reduction quite easy; in fact, so much so, that in several cases of very recent hernia, upon returning to the bed-side of the patient, an hour or two after having made the application, to my astonishment I found the mass reduced.

In another series of cases of successful reduction, the above method was supplemented by the administration of a general anesthetic, while the body was elevated by placing the legs of the patient over the shoulders of a third person, gentle taxis on the neck of the tumor being made.

But, as many cases coming under our observation,—especially if the hernia has been of some hours' standing,—do not yield to these milder measures, it will now be in order to consider the importance of prompt, operative interference. Statistics show the value and importance of early operation, as sometimes delay of only a few hours will produce complications which not only require more time in their removal, but will, at the same time, necessitate a more intricate operative procedure, which, had the operation been done earlier, might have been obviated.

The older teachers of surgery always cautioned the practitioner to defer the operative treatment of a strangulated hernia for a certain length of time, which was generally consumed in vain attempts at reduction, consequently the old statistics of herniotomy present a high mortality, when contrasted with recent operations. This striking contrast has been brought about, not solely by an improved technique and antiseptic methods, but is due, in a great measure, to the modern teaching that it is dangerous to delay an operation, which, when done early, is recognized as one of the safest procedures of modern surgery.

Vain and prolonged attempts at reduction of a strangulated hernia aggravate the cause which has produced the strangulation. As all surgical operations of any magnitude are attended by some shock, it is, therefore, an imperative duty to resort to surgical interference, when the organs of circulation and the nervous system are in the most favorable condition to resist the immediate effects of the operation. Enough has been said in favor of early operation, in that class of cases which do not readily yield to milder measures, that to temporize with such cases by the administration of drugs, treating them upon what is known as the expectant plan, until gangrene has taken place, should be considered as a gross negligence and a reflection upon modern, aggressive surgery.

A safe rule which I have found to work well, for all practical purposes, is to make gentle taxis; should this not succeed, I place an ice-bag over the tumor and visit my patient again in an hour or two; when an anesthetic is administered, with the understanding that if this fails an immediate operation shall be done.

In order to save time and a second narcosis to the patient, everything should be in readiness for the operation, before giving the anesthetic.

It is unnecessary to enter into the minute details of the technique of the procedure, beyond impressing the necessity of observing strict cleanliness or asepsis, as the time, in fact, has long since gone by when instead of meeting criticism by argument, we are able to point with just pride to the beneficent effects of modern antiseptic surgery.

As set forth by the writer in a paper on "Antiseptic Surgery in Railway Practice," read before the fourth annual meeting of the National Association of Railway Surgeons, held at Buffalo, N. Y. in 1891, "To sum up, briefly, my practice is to carry out absolute cleanliness on the part of myself and assistants, cleanliness on the part of the patient, instruments and dressings, and the use of antiseptic solutions." When, therefore, operative interference becomes imperative, the surgeon should have in view the object of effecting a radical cure.

I will not occupy your time further by entering into the details of the operation, as the principles involved in the various methods for the radical cure of hernia are practically the same in all: to dissect out the sac and excise it and to endeavor to close the hernial canal.

As personal experience has proven to me the danger of dividing the constricting fibres with a blunt-pointed bistoury,

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on the grooved director or finger nail, from within outward, I wish here to condemn that old and classical practice, and give my endorsement to the modern method of making a free incision with the scalpel, under the guidance of the eye, from without inward.

Of the modern methods for the radical cure of strangulated hernia, those of McBurney, MacEwen and Bassini are in greatest favor, the former being preferable on account of its greater simplicity. These different methods are all passing through a period of probation, yet the results have been of a sufficiently encouraging character to warrant their repetition.

Prejudice.

When I was a boy I heard a preacher say, "Prejudice never sees with but one eye, nor hears with but one ear." I wondered what he meant, but now I understand him and can realize the truth of the statement. It is exceedingly strange that physicians should be prejudiced, but it is a fact that they are. A prejudiced man never sees but one side of a question, nor investigates but one side of any subject. He is sure to denounce everything different to his own preconceived ideas.

In my early medical training, I was taught that what calomel, quinine, ammonia, opium and a few other drugs could not cure, could not be cured. I was taught to first cleanse the prima via, and the best remedy for that purpose was calomel. After this was done, give quinine, and if there were any signs of heart failure, administer carbonate of ammonia or possibly digitalis. I was taught that anything different to the established practice was heterodox and quackery. This had a tendency to prejudice my mind against all physicians and their medicines who were not "reguiar."

As with myself, so it is with many physicians to-day, and the result is, I feel certain in saying, thousands of patients are dying for the want of the proper remedy, and that remedy is unknown to the physician simply because he is too prejudiced to investigate the "other side" of the question; and we are sorry to say that some physicians so far forget themselves as not to treat those of other schools in a gentlemanly manner. Doctor, this is shameful. What we want is to cure the sick and relieve suffering humanity. What are the best means to bring about the desired ends? This should be the first question with every physician.

1. We want to dispense our own drugs, and then we know that our patients get what we *think* they need at least.

2. We want to use the very *best* of drugs, and to be certain to use none of doubtful utility.

3. We want to always give the indicated remedy and to select that according to the symptoms present, and not from the name of the disease.

Some one may ask, how may I know when a remedy is indicated? The only way you can know, unless you have had considerable experience, is from what others of *experience* have said about it.

4. The smallest dose, to have the desired effect, is always the best.

I follow the indications for the use of remedies as pointed out by Prof. Scudder, and since I have been thus practicing, my success is very satisfactory.

Don't let prejudice keep you from searching after the "healing balm" from all sources. I have a young man studying medicine at my office, and he told me that he wanted to study my visiting list after I was through with it. I asked, "Why?" His answer was, "I can learn from it the indications of remedies and can see their effects." The idea is for the physician to note every departure from the standard of health, give what he honestly thinks is indicated, note the effects of his remedy and make a memorandum of it for future reference.

By this means he will soon know what he is doing from experience, and not from theory only. Many physicians say that there is no certainty in drug action. I will admit that there is not if you use those that are kept in every drug shop as articles of merchandise, but if you will buy your drugs from some *reliable* firm and study well the indications for their use and give them accordingly, you will find that their action is very certain.

T. J. DANIEL, M. D.

Waveland, Ark.

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Seven Recent Obstetrical Cases.

A good deal has been said of late in reference to the use of forceps in obstetrical cases, and the brethren of the BRIEF family have caused the pendulum of opinion to swing to wide extremes. After reading all that has been said, I find myself occupying exactly the position held for years, viz.: That the attending physician, in possession of every fact and detail of the case, is alone the one to determine when forceps should be used; that obstetrical forceps, used as Raphael mixed his colors, with brains, is one of the most useful and humane instruments ever placed in human hands. That they are sometimes used needlessly and unskillfully is true, as a matter of course, for there never was a good thing that wasn't abused.

For a country physician, in a locality where so-called midwives are outrageously numerous, I have a reasonably fair obstetrical practice, averaging about thirty-seven cases a year. On an average, up to within a few weeks, I have not found it actually necessary to resort to forceps, except in six and one-half per cent of all cases for fourteen years. In my last seven cases have used forceps in each case. As I am perfectly willing to be criticised and set right when wrong, I give a brief outline of the cases:

Case 1.—Mrs. A., aged nineteen, almost a dwarf, never weighed eighty-five pounds, primipara, full term. I arrived at 9:30 P. M.; active labor pains had commenced twelve hours previously; patient greatly exhausted; uterine contractions weak and irregular. Gave five grains hydrate chloral, darkened room, and patient slept three-quarters of an hour. Upon awakening, gave five grains quinine, and repeated in one hour; at one A. M. matters were progressing favorably, when patient gave a loud scream and went into, not convulsions proper, but raving delirium; it required the united strength of her husband and myself to confine her to the bed; this continued for an hour despite all efforts to control her. I then pushed chloroform to full anesthesia, ruptured membranes, applied forceps and, with considerable difficulty, delivered a living child of ten pounds. Mother and child did well.

Case 2.—Mrs. McL., primipara, aged twenty-four. I arrived at ten A. M.; pains had come on six hours previously; os dilated to size of silver half dollar; normal presentation; pains nearly constant but weak; patient fretful and rebellious. I learned she had been married eight months and one week; that ten days before I was called she rode out in a sleigh; roads were rough and sleigh nearly upset; on returning home she complained of pain in the back and lower part of bowels; pain had continued and urine had become scanty, high-colored and offensive. Pulse one hundred and forty, weak and thready; pupils abnormally dilated; patient would neither answer questions nor try to help herself in the least. Her father and mother had died with consumption and she herself exhibited marked symptoms of the same disease.

I anticipated serious trouble and asked for counsel, but as nearest physician lived twelve miles away and roads were bad, I had little expectation of help. Attended first to bladder and bowels, thoroughly emptying them. Gave chloral hydrate and potassium bromide in divided doses until ten grains of each had been given, when patient became more quiet and rational. Gave ten grains quinine in two doses; pains came on with more force, and in an hour matters were progressing finely; os well dilated, membranes nearly ready to rupture, but just then came on the most violent attack of puerperal eclampsia it was ever my fortune to contend with. It was simply frightful. I attempted to administer chloroform, using the Esmarch inhaler, and commencing with eight drops, but even that small amount caused total suspension of respiration, so that I was forced to resort to artificial means and hypodermics to restore it. As respiration returned, I ruptured membranes, had attendants hold her limbs, applied forceps and completed delivery. Mother and child did well.

Case 3.—Mrs. S., primipara, aged twenty; naturally nervous and hysterical; a victim of chronic chorea; was not expecting confinement for three weeks; slipped and fell down two stairs the evening before. I saw her at one A. M., pains came on three hours before; normal presentation apparently, though too

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high to be sure. No amniotic bag during labor. This I sought to overcome, and quite successfully, by introducing a sponge well saturated with glycerine. Gave one-tenth grain morphia which, to some extent, quieted muscular contortions. Three A. M., no pain; gave five grains quinine, repeated in forty minutes. Persistent and uncontrollable vomiting came on at five o'clock, greatly augmenting muscular unrest. At seven o'clock, after a violent attack of vomiting, patient fell back nearly pulseless and lifeless. Gave one drachm whisky, one drachm ergot, and immediately applied forceps (at superior strait) and in two minutes handed a living child to the nurse. In twenty minutes introduced hand and removed placenta. Mother made a fine recovery.

Case 4.—Mrs. B. Multipara; left lateral presentation. Upon my arrival found that patient had been in labor forty-eight hours, and that for twenty-four hours child's hand had protruded from vagina. Child dead, mother nearly so. Version; forceps. Mother was doing her housework in twelve days.

Case 5.—Mrs. L., primipara, aged thirty-six; naturally very nervous and hysterical; at seventh month was badly frightened by a tramp, and at the time had some pain and loss of blood. When I arrived at ten P. M., she was violent and threatening. Examination revealed an undilated os; parts hot, dry and unyielding. Administered sedatives cautiously. Patient had felt no motion of child for two days; at midnight was able to diagnose face presentation; patient having frequent hysterical outbursts. One P. M., pains frequent and powerful, but no progress. Tried to put finger in the mouth—position mento-posterior—and draw chin forward, but failed. All attempts to secure anterior rotation failed. Patient had a violent convulsion as I attempted to push head back and try version. Administered a small amount of chloroform, and introduced one blade of forceps under the posterior cheek and over the anterior inclined plane. This accomplished the desired result. Then followed four hours never to be forgotten. I exhausted my skill, resources and strength; patient after each violent outburst seemed on the verge of dissolution; pains flagged, and nothing would excite uterine contraction. I gave chloroform, applied forceps delivered a dead hydrocephalic monster weighing twelve and one-half pounds; cord measured four feet ten inches, drawn once around left arm, once around body, and tightly around neck. There was some laceration and contusion of soft parts, and catheter had to be used for three days, but mother made a good recovery.

Case 6.—Multipara. Nothing abnormal, only this: With each confinement, after escape of water, there would be an utter suspension of expulsive pains, for from two to six hours, then terrible pain, delivery and more or less of post-partum hemorrhage. In this case, ten minutes after the rupture of membranes, the woman was sleeping quietly, and while she was sleeping I applied the forceps and took the child without her knowledge. No hemorrhage whatever.

Case 7.—Mrs. N.; primipara; aged twenty-six. This was simply a case of tedious labor, extending over a period of thirty-six hours. I found her utterly exhausted, discouraged, and believing she was about to die; gave a stimulating tonic, and when reaction was well established, administered chloroform, and delivered with forceps. Mother and child did well.

Now, was the use of forceps in any of these cases "meddlesome interference?" Because I have used instruments in seven successive cases, must I tamely bow my head and consent to being called a "forcep fiend?" I have been wonderfully blessed in that I have never lost a woman in confinement; but unquestionably shall, as there are cases no man can save. I have never attended an obstetrical case and been superseded by another practitioner at a succeeding confinement, and as indicated in my opening paragraph, I attribute, under Divine blessing, my modicum of success to this: I never allow what the patient, her husband, nurses or neighbors may say, wish or advise to influence me one iota; neither do I stop to question what Dr. A. or Dr. B. would do. I am there for business. I am the one upon whom the responsibility rests, and it is for me, after due examination, to decide upon the course

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to pursue. In all complicated and serious cases, I would have counsel, if possible, and would advise others to do so. J. FRANK LOCKE, M. D.

Pillsbury, Minn.

Fracture of the Skull.

I will report a case of brain surgery, thinking it may be of some interest to readers of the BRIEF. I was called in consultation with Dr. S. D. Strickland on November 14th, 1893, to see a boy, eleven years old, who had been kicked by a horse, fracturing skull just above left ear, about the juncture of parietal and temporal bones, fracturing both bones.

When I arrived, I found patient semi-conscious. We administered the A. C. E. mixture as an anesthetic. On examination, we found site of wound badly swollen. We made two incisions; one transversely, the other vertically, making an + incision, dissected back the four flaps down to the skull, and found two spicula of bone drawn into the brain substance. The pieces of bone were one and one-quarter by two and one-half inches in size. One of them was still intact at one edge. We removed one piece of bone, the size above mentioned, and elevated the other one. When we removed the piece of bone a considerable amount of brain matter came away, and there was profuse hemorrhage, the dura mater being torn.

Having finished the operation and checked all hemorrhage, we washed out wound and cavity with a carbolized solution. We closed the wound, using interrupted silk suture. We then cleansed the parts well with a bichloride solution, 1 to 2,000, soaked a piece of linen in same solution and applied to wound and bandaged.

The patient recovered from anesthetic with mental faculties as alert as ever. We put him on lithium bromide, five grain doses; gave him Sulphonal as a hypnotic, combined with the bromides. This gave him good, refreshing sleep the entire night.

We returned next day and found him resting well. Temperature 101°, pulse one hundred and twelve, mental faculties undisturbed. Kept up same treatment and gave him acetanelid and Antikamnia as an antipyretic; gave castor oil and turpentine as laxative.

We attended him for twelve successive days and continued same treatment. Strange to say, his temperature never ran higher than 101°, and mind remained unimpaired all the time. We discharged him on the twelfth day, it being November 26th. He made a splendid recovery and is now working on a farm. The wound healed nicely.

I ask the opinion of the readers of the BRIEF whether the space caused by the removal of brain matter will ever be supplied with new growths? Space being one and one-quarter by two and one-half inches. Let us hear from the brethren and oblige.

DRS. STRICKLAND and VEST.

Hartselle, Ala.

J. H. Kizer, M. D., Inwood, Ind., says; Seng is all that is claimed for it.

Various Topics.

The State Board of Health recommends that the same precautions be taken in cases of consumption that are taken in all contagious diseases. They have also suggested that varicella, or chickenpox, be classed among contagious skin diseases, and that the same sanitary measures be followed. Thus smallpox and varicella, or chickenpox, being somewhat similar in the earlier stages, mistakes often occur, resulting in an increase of smallpox.

Buck, of New York, in a local paper, records the frequency of "wax in the ear" as a cause of inflammation. In a local report of diseases treated at an ear clinic, I find no less than three hundred and fifty-nine put down as cerumen impacted.

The usual reported cases of deformed auricle are congenital, but it frequently happens that traumatism is responsible for a few. Thus a French physician, Charcot, reports a case of auric deformity due to burning naphtha. It appears that in a dwelling in Paris, the explosion of this product of petroleum caused a burning away of the lobule of the right ear, which, after resolution, became contracted and deformed. Curious to relate, another product of petroleum answered as an excellent local application. Vaseline was used with success.

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And now they have a dislocation of the tendons of the foot due to foot-ball. This will pass into history along with earthquake headache and political fever.

The statement made by some authors, that lepra is augmented by some particular foods, seems to have been disproven. Lepra has been seen among those that eat grain and vegetables alone, as well as among those that eat mixed food of both animal and vegetable character. The cause of the disease is found in some peculiar condition of the blood, and not the food. Lepra is a blood disease *per se*. These investigators are but chasing a phantom when they think otherwise. If the blood is in normal condition, it matters not what food is eaten in lepra. The question is, what is the normal condition of the blood? and this normal condition varies. Perhaps they may discover a lepra bacillus or microbe, ere long, and a remedy to render it harmless.

New York. L. G. DOANE, M. D.

Protracted Labor.

Thinking that the following case presents enough interest to be published, I send it to the BRIEF, chief of all medical journals.

On the evening of January 5th, 1894, I was summoned in haste to attend Mrs. M. in her fourth confinement. Her former labors had been comparatively easy and rapid, the child being born before the physician arrived.

On inquiry, the nurse informed me that the membranes had ruptured four hours previously. I at once made a digital examination and found the os fully dilated, with a vertex presentation, and an L. O. A. position.

Soon after my arrival there was a marked diminution in the strength and duration of the pains. As soon as this was perceived, I at once gave ten grains of quinia. After an hour there was no improvement, but a continued lessening of the pains. I then repeated the dose of quinine, but with no better results.

An examination at this time revealed a fully dilated os, with no obstruction. I proceeded to give fifteen drops of ergot every hour, in order to produce expulsive pains. I continued to give the ergot every hour, until three A. M., when the pains had entirely ceased, leaving the patient easy and without loss of strength. I now retired, but on seeing my patient at noon the same day found her up at work, and was informed that there had been no renewal of pains.

I heard no more from her until the night of the eleventh, when I was again summoned. An examination revealed the same condition of the os and position of the child, the pains, however, having ceased before my arrival. Having seen the inefficiency, in this case, of quinine and ergot, I ordered an enema of warm water followed by hot hip and foot baths, but without any result. After three hours I returned to my home, desiring my patient, however, to let me know immediately on return of the pains.

I did not hear from her again until the night of the eighteenth, when I was again called. This time I arrived too late, the child having been born just ten minutes. I found my patient in good condition; had no trouble with the placenta, no fever or hemorrhage following.

The child was a girl weighing seven pounds, well developed, etc.

I would like to know through the editor and contributors to the BRIEF if such cases are not a rarity.

Now, as my patient experienced little or no pain, and was equal to the labor in every sense of the word, did I do right in allowing nature to pursue its course, or should I have used forceps? Or, were there any other means by which I could have brought about labor at my first visit?

I have been a subscriber to the BRIEF for the past three years, and am much interested in its prosperity.

O. B. DEMARREE, M. D.

Benson, Ky.

[Cases like the above, while the exception, are by no means rare. The trouble was not so much in the premature rupture of the membranes as in the laggard uterus.

In cases like this, with a fully dilated os and no obstruction, it is good practice to apply forceps and complete delivery.

Fluid extract ustilago maydis, fluid extract gossypii radicis, vinum ipecacuanha are recommended in uterine inertia. Also, the application of a mustard plaster over the hypogastrium. —ED.]

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Code Revision.

I have noticed several articles in the BRIEF, in which mention was made of the "code." I presume all those different articles referred to the "code" adopted at Philadelphia, May, 1847, by the big pill enthusiasts, in their endeavor to suppress, what they considered, the visionary heresy of the little pill sect. This action of the American Medical Association was one of those pieces of petty policy which injure those concerned in it more than they injure anybody else.

At the time, there were some broad-minded and conservative men in the association, who did not think that its action in regard to the dissenters was wise. As time passed, they became more and more convinced of the error the association had committed by adopting the "code." This feeling continued to grow, notably in New York, and finally resulted in that society adopting, what it termed, its new code of ethics. This "code" of the New York Society being antagonistic to that of the National Association, the delegates, when they presented themselves at the meeting of the latter society, were expelled. By this cruel exercise of power and tyrannical action, the National Association descended into the abyss of medieval darkness. The members of the New York Society, however, have ever since treated the National Association with utter contempt, by continuing to follow the broad-gauge and humane code they had adopted.

The New York Society found many worthy defenders among the remaining members of the association. In fact, so much feeling was engendered by this expulsion of the New York Society, that, for a time, the future service of the association to the medical profession seemed threatened.

The subject of consultations, and how to deal with these dissenters, has ever since been a bone of contention; life-long professional friendships have been severed, and the vindictive bickering which they have caused, can only be paralleled by that famous lilliputian controversy, as to whether it was proper "that an egg should be opened on the small or the large end."

As, at the present time, we see in religion and politics, a tendency toward toleration and broad-minded liberalism, so in medicine, always the last, there are indications that eventually it will become imbued with independent and liberal ideas.

A forecast of this event is perceived by the action of the National Association, at its meeting a year ago last June, when it voted and appointed a committee "to consider the expediency of revising the constitution, by-laws and code of ethics."

The committee appointed was: Henry D. Holton, chairman, Brattleboro, Vt.; H. D. Didama, Syracuse, N. Y.; Leartus Conner, Detroit, Mich.; Daniel T. Nelson, Chicago, Ill., and Benjamin Lee, Philadelphia.

This committee caused to be published in different medical journals, an invitation, as follows: "In order to perform its duties intelligently, this committee desires that every practitioner should study anew the code, constitution and by-laws of the American Medical Association, that each would then inform the chairman of this committee on the following points: 1st—Do you advise any change in these documents? 2d — If you advise a change, please state specifically what that change shall be."

To the credit of the honorable committee, it should be particularly noticed that the invitation was courteously extended to *every* practitioner, thus including those of all so-called schools of practice. The honorable committee, as I am informed, received a large number of communications making suggestions more or less relevant to the subject.

Among other suggestions, it was pointed out to the honorable committee: "That medical dictum, whether it emanated from a national association or a State society, is not law," and, "That the present By-Laws and Code of the Association contravened the common law, as follows:

1. "That the law recognizes no schools in medicine," for the reason that there is no exact standard of practice to judge by." Hilliard's Law of Torts, 2d id., vol. I, p. 253; White vs. Carrol, 42, N. Y., 161; Bowman vs. Woods, 1, Green (Iowa), 441; Patten vs. Wiggin, 51, Maine, 594.

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2. "That the law recognizes all systems as legitimate." See also Bowman vs. Woods, 1, Green (Iowa), 441; Patten vs Wiggin, 51, Maine, 594.

3. "The law also considers the possession of a diploma from any college having corporate authority to grant degrees in medicine, as *prima facia* evidence of competency." Ordronaup's Jurisd. of Med., 26; Hunter vs. Blount, 27, Georgia, 76; Hill vs. Boddie, 2, Stewart and Potter, 56.

4. "That the code of medical ethics, adopted by the by-laws of a medical society, is obligatory on members alone, and its non-observance, previous to membership, furnishes no legal cause either for exclusion or expulsion." The People, ex. rel. Bartlett vs. Erie Co. Med. Soc., N. Y., 1, Tiffany.

It was also suggested to the honorable committee, "That the word 'regular' be dropped, for the reason that it savored strongly of quackery, as no college has authority to grant any such title as 'A Regular' Doctor of Medicine."

Moreover, it was pointed out to them, "That the use of this term 'regular' would often lead to the use of the opposite term 'irregular,' which, if applied by any person or persons to any college or legitimate practitioner, might involve them in serious litigation." Furthermore, it was respectfully suggested, "That as the instructions of the Association to the Committee was, 'That it consider the expediency of making such change in the By-Laws and Constitution as, in their judgment, will properly liberalize the relations of the Association to the great body of the medical profession." The retention of such terms as "regular practitioner" and "irregular practitioner," would tend to nullify and render its work of no avail.

From the report of the honorable committee, with one member excepting, made to the Association last June, it appears that it concluded it was wise to drop the term "regular," and to recommend in its article on consultations, "that they be allowed with all reputable practitioners, when requested by the patient."

The committee also reported, "That, in their opinion, it was necessary that the documents of the Association should be wholly re-written," and "asking for more time in which to accomplish this work," it was granted.

From the single section recommended on the subject of consultations, it is reasonable to expect that the new documents will not only be liberal, but that they will be subservient to the law.

If they should prove so, and be adopted by the Association, then neither the big pill, nor the little pill, or other sects, can have any just cause for future complaint. If the documents should not prove as indicated above, or should fail of adoption, then the National Medical Association will remain, as at present, "a conspiracy to injure a third party," in which every member becomes a principal and liable to indictment and punishment.

GEO. S. WILSON, M. D.

777 Washington St., Boston, Mass.

Geo. O. Butler, M. D., Cleveland, O., says: I gave Seng to a patient with satisfactory results. The impaired digestion has subsided and the normal action of the stomach restored. I am pleased with the effects.

Function of the Vermiform Appendix.

Having a desire to state what I consider the functions of the vermiform appendix to be, I hereby offer for your consideration the following statement.

Nature not being superfluous, it must be said that the appendix subserves a correct purpose, and that purpose is to give relief to the intestines when surcharged with the gas generated therein, and in operation acts as follows, viz: by opening and closing when the pressure in the intestines is abnormal. To receive a charge and then close so as to allow the gas received to waste away through the pores of the appendix, to be lost in the abdominal cavity, would be the first movement, and yet but the type of all other movements to follow, by reason of the pressure of the gas being beyond a normal condition.

This gives us to understand that its removal can not seriously affect the health of any patient, for all the harm that could be done, would be a freer passage of gas by the way of the rectum.

PROF. E. J. MARSTERS.

Stockton, Cal.

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Spina Bifida.

In treating of diseases of the spinal marrow, in the past history of scientific investigation, the question with medical men was: Is the brain in its anatomical or physiological relations to the spinal marrow responsible for its defects or malformations?

We find, on close analysis and statistical reckoning, that the abnormal states or conditions of the spinal marrow, whether from congenital malformations or morbid relations, are not so numerous as those of the brain. And when we consider the proximity of the brain to the surface, the close adhesions of its meninges to its bony case, the great connection its functions have in controlling or subordinating the phenomena of mind and its predominating influence over all nerve centers, we are compelled to believe that it exercises some influence in the production of anomalies or malformation of the spinal column. Total absence of spinal marrow has never existed except in acephalous or anencephalous monstrosities.

Just here we are confronted with the question: Has syphilitic or tubercular diseases sufficient control over brain matter to misdirect its influence to the formation of an imperfect instead of a perfect anatomy?

From statistical reports we are forced to the conclusion that tuberculosis, in the form of scrofula and glandular diseases, is more often to be found in every section of our country than formerly, and anomalies of the spinal column and spinal marrow keep pace with it.

It seems to have attracted the attention of the medical world when Lalemonde, a French physician, gave his description of a case that came before him. He says, "The fetus had firm flesh and the epidermis was sound. The testicles were situated at the orifice of the inguinal canals, and from the information received from the mother, and the size of the limbs of the fetus, it had reached its seventh or eighth month and yet there was neither brain, cerebellum nor spinal marrow."

A malformation of the spinal marrow can exist without a brain. It may bifurcate at either extremity, to support two heads or to form two trunks. There may exist congenital dropsy, which generally has as an accompaniment an accumulation of fluid in the meningeal cavity of the spine, but this closely affiliates with hydrocephalus.

There is a form of hydrorachis which exists in connection with a defective vertebral column, in which one or more of the vertebræ are wanting, and from which protrudes a tumor in size proportionate to the defective vertebræ. This may occur in the cervical, dorsal or lumbar region, but most often in the lumbar, and to this I beg to call your attention.

Anomalies with Spina Bifida.—On Sept. 23d, 1893, there was born to Mr. and Mrs. C. a large and apparently healthy child. Before I had severed the cord the mother asked, "Doctor, is it all right?" My answer, "Yes, madam, and a fine boy at that." The child was upon its back, but a moment after, in handing it to the nurse, I discovered a tumor upon its back, and immediately I said to the mother, "I take all I have said to you back, as there is a malformation upon the spine." I minutely examined the child. There was no hydrocephalus. Its limbs were all right, but I thought the second, third and fourth lumbar vertebræ were absent, and from their natural location there projected a mass, or fold, of membrane that closely resembled bowel tissue, and yielding to the touch the sensation of bowel distended with gas. This tumor was sessile, short diameter, two inches; long diameter, three and one-half inches, and apparently one inch in thickness.

On the margin of this tumor, next to the body of the child, the skin grew up half an inch and made a smooth, distinct margin of its own. There was no prolongation of this skin. The remainder of the covering of this tumor was arachnoid membrane. In the center was a sinus that discharged a thin, viscid fluid, and this was continually escaping.

The tumor grew so rapidly that in five days it was three by three and one-half inches in diameter, and covered by minute veins. At times a dark, livid hue spread over the tumor, coming and going in accordance with the position of the child. On inserting a probe in the fistula, the child would scream until it was with-

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drawn, and at times scream for several hours or to complete exhaustion.

This I diagnosed as "spina bifida."

On the morning of October 17th, the child died, having lived twenty-three days. The autopsy showed that the second, fourth and fifth lumbar vertebræ were gone, all to the inside of the body of the vertebra. All around the space, the tissues, when cut, showed that ossification was going on, and in the tumor there was, on one side, a complete pocket or receptacle for the fluid; it contained about two ounces. But, on the opposite and much the largest portion, there was a mass of tenacious, clear tissue, that seemed to be somewhat gelatinous, and remained intact when cut, not flowing out as a liquid would have done. The fluid contained in the pocket was aqueous and straw colored. There was no odor to it except that natural to a recent cadaver.

The sinus that seemed to enter the middle of the tumor did not enter it, but deflected to the right and entered a direct line with the spinal marrow and was lost among the dorsal vertebræ.

It will be seen from this autopsy that the second, fourth and fifth lumbar vertebræ were almost entirely absent, the base or inside portion of the body of the vertebræ only remaining. The third lumbar vertebra was intact and to all appearance uninjured, but this left a space too large for surgical interference in one so young.

The question that forces itself upon us here is, "What was the cause of this anomaly?"

Let us look at the diathesis of the parents. In the present instance, the mother is of a tubercular constitution, long ramus of lower maxillary bone, cellular tissue seems to be thickened and cadaverous, while glandular system is never at rest and performing its natural, healthy functions, but the subject of inflammation and easily affected by climatic influences.

The suppressed anxiety at the birth of the child, in regard to its formation, made me suspect that a malformation was looked for; and, on enquiry of the mother after the death of the child, I learned that about eighteen months previous there was born a monstrosity, with head perfect, but all the viscera on the outside of the body. And the child born prior to this one, about four years ago, was an anomaly. There is one child living, in good shape, and to all appearances, cheerful and happy, whose glandular system is ever ready, through generative influences, to incur disease; as manifested by frequent attacks of catarrhal fevers and tonsillitis.

The father is tall and spare, a railroad engineer by profession, and like all men of that class, fond of whisky and women, and during a spell of hilarity he fell into a trap that impregnated his system with syphilis. He is not a drinking man to drunkenness, and is neat, cleanly and gentlemanly in his deportment. In the past eighteen months, his lips and chin were covered with excresences that only yielded and passed away under constitutional syphilitic treatment. Within the past six months, he has had a stroke of paralysis, and lost the use of his left arm and leg, but he now seems about well as he has good use of both limbs.

To my mind a natural inference was drawn, that this special syphilitic and tubercular constitution had great influence over the formation of the anatomy of that child.

What peculiar control had they upon that brain to direct it to a wrong anatomical formation? Is the poisonous influence of this generative force exerted through the medium of the brain and nervous system, or the arterial system?

Brain controls anatomy in its formation from the embryonic state. At least, a strong affinity exists between the brain and spinal marrow in their pathological functions, and if the brain in these anomalies can exercise any function at all, this is its most important one. No doubt there is a direct connection, biologic, electric, or otherwise, with the brain matter of the mother, causing a perversion in the formative process and resulting in anomalies and monstrosities.

This hidden force, whatever it may be, has been manifested in the result of fright and in the inordinate desire of the mother, characterized by some distinctive mark upon the offspring. Be that as it may, one thing is apparent to all earnest devotees to medical science, that these monstrosities and anomalies are far more

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frequent in the last half century than in the century preceding. Can it be the result of foreign immigration? That already has a large amount of evil charged to its account.

Under a close analysis, we may find that our mode of life has more to do with these irregularities than any other influence brought to bear upon it. Our age is a progressive age. Our passions have become perspective, sharpened and quickened, and often we rush on to the accomplishment of an object that in its results is destructive to our own constitutions.

There is no age of the world whose medical history has in part been written, but in that age there existed syphilis and tuberculosis. The time was when both these diseases were exceeding offensive, even loathsome to the social element or aristocratic world. But the time came, and not through the visions of a seer, when extraneous circumstances dispelled this obnoxious cloud and substituted affection, the product of wealth, and a close affiliation was established by the ceremonies of society and the laws of States that resulted in a diseased offspring. This ofttimes contaminated the relations of husband and wife, and where they had once been made made one, they now sought a new relation that resulted in divorce. Newspapers, the proper source of information in every part of the world, come to us freighted with obscene investigations and divorce. No regard is paid to the divine law in these legal proceedings, and dark spots on the screen of human life will continue to accumulate until laws are made and fearlessly executed that will stamp out syphilis and tuberculosis.

If there were no syphilis, and no tuberculosis, there would be healthy brain and spinal marrow in every living being.

Treatment.—Spina bifida, for ages past, has been regarded as incurable. Most cases are accompanied by paralysis, convulsions, or hydrocephalic symptoms. The duration of the life of an infant will depend on the amount of loss of the vertebræ. Cases have been reported where they have lived to manhood, with fair integrity of all the functions, and in the history of this disease, it can be shown that Dr. Morton cured nine out of eleven cases brought to him; that Sir Astley Cooper in his day cured one, all by the same process, while from the report of Dr. Sam'l Cooper, many died from the same treatment.

In all cases covered with skin proper, under aspiration and pressure there is good hope of recovery, and often this may be facilitated by a plastic operation; or, where it can be done, by approximating the edges of the skin so as to cover the arachnoid membrane. But in the treatment of this disease, one important fact impresses itself upon the mind of the earnest practitioner, and that is, each peculiar case is a law unto itself. Thoughtful discrimination is demanded, and such means must be adopted as the particular individual case justifies. Here the surgeon is confronted with congenital conditions, complicated with constitutional mal-administrations so diverse that the treatment imperatively demanded in the one case, would only delay or prevent restoration in another.

This was a sessile tumor, formed from the arachnoid membrane, with no covering of skin higher than half an inch around its base, and so extensive as to cover over a space of three obliterated vertebræ. Pressure was fully made by me until convulsions developed accompanied by intense suffering and continuous screaming of the child. Anodynes of bromides and opiates were used to their full extent with but little relief. Had this tumor been covered with skin, my treatment would have been different; but where there was no possible chance to approximate the edges of what skin there was, I knew it was only a question of time for the child to die. I could have used the aspirating needle, but I felt that there was no way to prevent the introduction of air, and death would follow in a short time.

Since this case I have seen two others; one a man, about thirty years old, who has cleft of the sacrum; the other a child, who also suffers with hydrocephalous and paralysis. Both of the same family. In all the cases that I have ever seen, they were the product of syphilitic or tubercular parentage.

The world is what we make it. Pure life is the light of any age, and light is the exhilarating, expanding influence of

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life, and there can be no reality of pure life in anomalies, the exhalation of a syphilitic or tubercular existence.

FRANK PRINCE, M. D.

Bessemer, Ala.

S. R. Bergen, M. D., Anderson, Mo., says: I have been testing the value of Seng, and will say that I am very much pleased with it. I prescribed it in a case of long-standing dyspepsia, which had resisted all other medicines. I think a continuance of the treatment will effect a permanent cure.

A Case of Blood-Poisoning From the Saliva of a Horse.

On May 2d, W. F. presented himself at my office, with a hand, the size of which forcibly reminded me of the largest boxing glove I have ever seen exhibited. The history of the trouble is as follows: Three days previous, he, becoming angry at a restive horse, hit him on the mouth with his right fist, thereby inflicting three cuts on his hand through the teeth of the horse. Mr. F. being a strong, healthy man, gave this occurrence no further thought at that time. On the following day he experienced some pain in his hand and noticed a slight swelling. Both of these symptoms increased so rapidly, in spite of all the remedies he tried, that during the third night he was entirely deprived of sleep.

On the following morning he came to see me as above stated. The three wounds were highly inflamed, discharging slightly colored serum and a little pus. The pain and swelling, with highly inflamed red streaks, had already involved the whole arm, the pain at the elbow being so excruciating he was unable to bear the slightest touch without groaning. His tongue was coated, breath offensive, and he felt nauseated; his bowels have always been regular.

Knowing that I possessed his full confidence, I told him at once that I would trust his case to electric treatment, to which he gave ready consent, with the result that in fifteen minutes the tension, and consequently the pain, was very preceptibly diminished, so he was able to move his fingers somewhat. I then dressed the hand with hydrastis (one to four of water), advised him to carry his arm in a sling and report again in twelve hours. Advised bland diet, forbidding all alcoholic stimulants (to which he was accustomed).

Next call showed decided improvement —same treatment—report again in twelve hours—same treatment—pain all disappeared (forgot to mention first night after treatment slept all night).

Last evening, after sixth treatment, the hand is natural size and he feels entirely free from pain.

I call attention to this case simply to demonstrate the prompt and efficient action of electricity on the system, especially the static.

Greeting to the fine old BRIEF, so highly appreciated.

GERTRUDE HAMMOND HARPER, M. D.

Spring Valley, N. Y.

Potassii et Sodii Tartras—Rochelle Salt.

My experience has taught me that this medicine has great power to antagonize the inflammatory process. Given early in all cases of wounds, injuries and surgical operations in small doses, frequently repeated, it has a *direct and positive power* to prevent the development of inflammation. As a rule, it should never be given beyond a moderate laxative effect upon the bowels.

In the long ago, when the value of antiseptics was not known, I have seen it do great good by its inherent power to *oppose* the *inflammatory process.* Now it should be used as a most valuable adjunct to the proper local antiseptic treatment.

It is one of the best medicines a woman can take for a few days before her confinement, to put her bowels in good condition for the event. It is almost impossible for a woman to have a bad time whose bowels have been in a relaxed condition for a few days before delivery. Many women have been allowed to suffer intensely, because they were not properly instructed as to this matter. It is highly important, and the physician should always give the proper instructions. A thorough relaxation of the whole system is what every woman needs in the great ordeal.

D. J. PARSONS, M. D.

Sweet Springs, Mo.

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Inebriety or Drunkenness.

These two terms are used by me as meaning one and the same thing. A drunkard means an inebriate. I need not describe drunkenness to this Association; we all understand what it means. We would, perhaps, like to see less of it. The small boy on the streets can point out the drunkards of this town. Children soon learn the name of these unfortunates, and be they young or old they soon become known as "Old Charley" or "Old Nell." I have known men and women scarcely out of their teens called by everybody "Old Bob," "Old Jimmie" or "Old Katy, the drunkard."

I presume I was not booked for this paper that I might tell you anything new about this trouble; but as I have taken the position that inebriety is not a disease, I am expected to give some reasons for such position. In the *Journal of the American Medical Association*, I have said that any trouble which can be cured by moral suasion or simple will power can not be organic in origin; that the drink habit can be cured by these methods; that the drink habit is not primarily a disease of any organ and that organic troubles are results of the habit and not causes. Persuading a man to stop being sick will not influence organic diseases.

We will take, for instance, pneumonia, and say to the patient it is wrong for you to take cold and have your lungs inflamed, and you will injure yourself by having this fever. Your family need your assistance while you are sick, and it is very annoying to your friends to hear you incessantly coughing, you ought to quit it. You try this treatment on a case of pneumonia, and your patient will say you are a lunatic; but this kind of treatment sometimes relieves the drunkard and he goes to work next day. So, you see, there is no similarity between pneumonia and inebriety.

Now, don't understand me to say that alcohol will not make a man sick; experience has taught me that it will. It will make a man almost as sick as if he had taken ipecac or calomel, or both; but no one claims that the taking of ipecac or calomel is a disease.

There is a fad, very popular these days, which reads something like this, "Drunkards are sick men; they do not drink because they are vicious, but because they are sick and can not help it." I say this fad is founded on a false assumption. I say the drunkard drinks not because he is sick, but because he is vicious; loves the effects of whisky and wants to drink. I claim that the man is well before he drinks, and is sick after he drinks. Drinking excessive quantities of alcohol will make any man sick, but no man ever became a drunkard before he took his first drink. A natural drunkard is a misnomer—no man ever saw one. There is no possible way of diagnosing such a case. Suppose we try. I will say to some one present, "Are you a drunkard?" He says, "Yes." "How do you know?" He replies, "I love whisky." I ask, "Did you ever take any?" He says, "No." This answer refutes all of his former testimony. No man can truthfully say he loves whisky who has never tasted it.

We will go a little further along the line. Suppose a man has been drunk frequently; I ask him, "Are you a drunkard?" He says, "Yes, I am a drunkard in so far as I love whisky, but I do not drink it now." "Well, why?" "Because I have seen the evil of my way. I know it is wrong to drink, and I won't allow myself to indulge." Now, is this last man a drunkard or not? Some extremist will say, "Certainly he is." I ask, "How do you know?" He answers, "Because he acknowledged he loves whisky; therefore, he is a drunkard."

This answer will not do. I ask some one present, "Do you love money?" He answers, "Yes." I ask, "Are you rich?" He says, "No." "How, love money and yet not rich?" You see a man can love many things that he does not have. There is a vast difference in wanting a thing and being in possession of it. Wanting wealth does not make a man rich, nor does the love or desire for whisky make a man drunk or a drunkard. Wanting and obtaining are altogether different things.

Now, if drunkenness is not like disease, and is curable without any treatment, why call it disease? Drunkenness is like chewing or smoking, merely a habit. Smoking and chewing are still called habits; they are habits because they can

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be indulged in or not, just as the man chooses who has these habits. Is there such a think as a natural chewer or smoker? Three-fourths of the men in southeast Missouri either smoke or chew and some do both, but there is not a natural chewer or smoker in the whole lot. Tobacco invariably makes a man sick who has not used it before. Excessive smoking will make the oldest veteran sick, but he is not sick before he smokes; does not smoke because he is sick, but on account of habit and the pleasure he gets out of his habit. Then the smoker is not a diseased man, but is considered healthy, and is healthy. Just as well call one habit a disease as another. Eating between meals is a habit with many people, and will sometimes make a fellow sick, but the habit of itself can not properly be termed a disease.

Now, I will produce a witness whom you dare not doubt. What is the Bible theory of drunkenness? There can be no mistake here. What is the penalty prescribed for inebriety in the Bible? Does it teach that the inebriate is sick and deserving of pity, and needs the aid of the Good Samaritan? No. The Bible gives no such description and prescribes no such treatment. The Bible says that the drunkard shall not inherit the kingdom of heaven. This leaves only one place for him, upon which I need not dwell here. The Bible teaches plainly that drunkenness is a vice, a sin, and not a disease. Shall we take a Bible version, or shall we follow strange gods, like unto Keeley and his advocates. Take your choice, gentlemen. Possibly the infidel and sophist will say that the Bible, God and Christ made a mistake in this matter, but I can not say so. I can understand that it is not always easy to prove a negative, but I think I am safe as to my position; and if I did not have inspiration on my side, and had only one fact like this, my position would be unassailable. This fact is as follows:

Drunkenness is voluntary; this alone proves it is not disease. Men never become drunk involuntarily. Sickness, disease, is always an accident. No man becomes diseased purposely. I know that we, as physicians, take the risk of getting sick by exposure, but there is no certainty as to the result. We do not know that we will get sick if we take a ride through the rain and snow to relieve our fellowman; but how is it with the drunkard? He wants to get drunk. He would rather get drunk than not. He is willing to pay for the privilege. No one has to entice him or offer him money, reputation or honor; he volunteers to get drunk, and pays out his hard-earned money for the privilege. Ask him to take a case of measles, mumps, or even chills; tell him that he may have either for twenty-five cents. He will tell you No, he is not dealing in such commodities; but offer him a pint of bust-head, and he will catch your horse, black your boots, and call you a gentleman. But he does not want any disease in his, and he is not by himself in this particular. No man wants to be sick.

I will not worry you further. There is nothing new about inebriety, except that it is called a disease, and this is one of Josh Billing's facts that aint so.

Oran, Mo. W. P. Howle, M. D.

D. C. Brown, M. D., Michigan City, Ind., says: Have had much success with Seng in stomach troubles—one patient who has passed through the hands of a half dozen doctors without relief. He was troubled with chronic diarrhea, with a great deal of nausea and more or less vomiting. The result was very satisfactory. Patient said he never felt as well in ten years.

Nocturnal Enuresis.

I have been a subscriber to the Brief for several years, and while I receive a great deal of pleasure and help from its pages, I fear I have done too little towards helping to interest others.

If space is allowed me, I wish to say a few words on the nocturnal enuresis of children.

This very common affection has several causes and numerous forms of treatment. It is of but one cause and its treatment, that I wish to speak. Many children seem to be unaffected by any medicine, or combination, which can be given them. Here is a case: Boy, age seventeen, general health good, family history excellent, no constipation, no phimosis; had been under the treatment of many doctors of all schools. Tried

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tonics, syr. iodide of iron, belladonna, and in fact about everything in the materia medica.

Patient wet the bed every night, and sometimes twice a night. His parents had tried waking him at regular hours, hoping to form the habit for him, but all of no avail.

I concluded to try an experiment and did so. It was this:

The patient was directed to urinate on rising in the morning, to retain the urine as long as possible without discomfort, and to retain it a little longer each day. My object was simply a gradual dilatation of the bladder, so as to accustom it to holding more urine and retaining it longer.

Before a week had passed the results commenced to be noticed. Gradually he grew better. First, one night occasionally, then several would pass without his wetting the bed. No medicine was given; treatment was continued about two months, and the boy was entirely cured.

I have tried the same treatment in several cases since, and always with entire success. Of course, it is not of service in cases of young children, because we must have the intelligent co-operation of the patient, but used in the proper cases, the result will surprise you. It is well, I think, to give a tonic containing strychnine during this treatment, but it is by no means necessary. Keep the urine neutral and unirritating.

Truro, Mass. E. F. ROBINSON, M. D.

J. C. Flynn, M. D., Warren, Mich., says: I am so well pleased with the action of Seng in a case of chronic gastritis that I shall in future prescribe it in all gastric troubles.

Humoralism.

The development of medical science in all directions during the present generation seems to be largely due to independence in thought and expression among its disciples. For centuries the fear of authority, fear of the code, have impeded and obstructed the progress of medicine, just as the voice of reason has been stifled in all Europe for ages by the Roman Catholic Church.

Let all narrow-mindedness and prejudice in medicine be discarded, at least, until those authorities can teach more of the fundamental principles of medicine as a basis of medical knowledge. To differ with one of the orthodox whose strength of faith in a dogma is in proportion to its age, is to incur insult and injury. For example, they were taught, in orthodox schools, the doctrine of Andral, namely, "Humoralism," that the blood is the primary seat of disease, and have clung to this false doctrine for centuries, to the lasting injury of medical science and the destruction of those treated upon that theory. Purify the blood is the cry, by introducing foreign substances into it in various modes and combinations.

While at school, I did endeavor to learn something of the *modus operandi* of morbific and remedial agents upon the humoral doctrine, that the blood is the primary seat of disease, and that our agents enter it by absorption to cure disease, but none there could give a satisfactory explanation.

Upon that theory, I asked members of the faculty to explain how a drop of prussic acid placed upon a cat's tongue could kill it in a few seconds. According to the absorption theory, it could not be explained. I enquired how disgusting objects often produced nausea. They could not explain it upon the humoral doctrine, not realizing that there is a correlation of nerve and medicinal action, that remedial as well as morbific agents make impressions upon sentient extremities of nerves, and by process of reflex action organs are affected and altered in their physiological and pathological states, and that the blood is affected only secondarily as a consequence.

The morbid impression made upon the optic nerves of the eye by the disgusting object produced all the phenomena attributable to ipecac or antimony.

I would like to dilate upon this subject and prove the absurdity of attempting to cure disease by introducing medicines into the blood, and that a proper understanding of the process of reflex action of the nervous system is necessary to enable one to explain all the phenomena which occur in health and disease.

T. J. SCOTT, M. D.

Hot Springs, Ark.

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THE MEDICAL BRIEF

J. J. LAWRENCE, A. M., M. D.
PROPRIETOR,
NINTH AND OLIVE STREETS,
ST. LOUIS, MO.

Vol. XXII. July, 1894. No. 7.

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Co-operation.

This is an age of co-operation. The great army of the mediocre, too weak to stand alone, seek protection in an alliance offensive and defensive. They have thought to solve the problem of an over-luxuriant population by sinking individuality and becoming part of a soulless machine.

Alliances of this nature display a sovereign ignorance and contempt of the cardinal principles of human nature. All the different combinations which have been formed to control the various branches of industry have, as their object, not the protection of the weak within their control, but the aggrandizement of the powerful few who manipulate the machine. Medical associations and societies are illustrative instances. We never hear of the great mass of adherents who give to a machine its strength and power. They accept intellectual bondage with pathetic, unquestioning submission. A machine, however, can not progress. Mental and ethical development must be preceded by individual effort and responsibility. A machine invariably crushes those who question its views. The individual is subject only to that one incorruptible, fundamental law of existence—the survival of the fittest.

In the medical profession, individual responsibility is greater than in any other vocation. Success is the fruit of the doctor's own ability and address. Let him free his mind from prejudices, traditions, conventionalities, and enter the medical field with a determination to judge the wheat and the chaff, and do his own winnowing.

Facts and Theories.

Fitting facts to theories is the arduous task of the bacteriologist to-day. But nothing daunts him. The most marked discrepancies but add fuel to the fire of his enthusiasm. Fortunately for medical science, the greater the conflagration, the sooner its violence is spent.

Here is a specimen of the reasoning powers of the bacteriological student. Seized with ambition, he proceeds to make a number of experiments with choice cultures of bacteria. After inoculating several animals without result, does he reason that as germs produce no effect upon healthy tissues, they can not be disease-producing *per se*? Not at all. He either concludes that the animals are naturally (?) immune, or if he be particularly energetic, sets about overcoming this obstinate resistance. He subjects the objects of his experiments to intense cold, works them until exhausted, starves them, etc., until at length he has brought them to see the error of their way and they succumb to disease.

Then, he is ready to make a lengthy report of his labors, and refers to his contribution to medical science with the pride of a seven year-old boy in his first attempt at kite manufacture, and with less justification. If this same enthusiasm were manifested in a better cause, medicine might reap some rich rewards.

Formation of Culture Grounds.

The fact that germs are intrinsically innocuous is shown by the fact that

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many varieties of so-called pathogenic bacteria live harmlessly in the secretions of the body, and it is not until ulterior forces have brought about diseased states that their presence is considered noteworthy.

All bacteriologists admit that improvement in the general health will enable the tissues to successfully resist invasion, and this acknowledgment is, practically, an admission that their position is untenable.

If germs can only thrive in dead or dying tissues, what cause operated to make these tissues a fitting culture ground for bacteria?

Norwood's Tincture.

Some years ago, Dr. W. C. Norwood of Cokesbury, S. C., familiar with the virtues of veratrum viride, prepared a saturated tincture from the green root of this plant for his use in the treatment of pneumonia.

His experiments bore such rich fruit that he published an account of his success, and in a short time Norwood's tincture of veratrum viride had attained considerable celebrity in the treatment of this dangerous disease.

But scarcely had the remedy reached the zenith of its fame before the ugly monster substitution raised its head. Druggists reasoned that they could produce just as good a tincture as Norwood and at a less cost, and went to work to make one from the old, dried root, whose volatile medicinal properties had long since been dissipated. A teaspoonful of such a tincture was scarcely equivalent to a single drop of Norwood's, and so it came about that, as death after death resulted from dependence upon such inferior preparations, the use of veratrum gradually became obsolete.

There are many other instances in which substitution has been directly responsible for loss of life.

Take Bromidia, whose manufacturers (Battle & Co.) have a world-wide reputation. Their preparation acts promptly and efficiently; it produces no gastric disturbances or unpleasant after-effects, yet thousands of patients are made to suffer from gastritis, severe nervous disturbances or heart failure, all due to the attempts of mercenary druggists to substitute a crude combination of commercial drugs for the genuine Bromidia.

Then there is Aletris Cordial made by the Rio Chemical Co., having a laboratory in this city and branch offices all over the civilized world. This remedy is absolutely unfailing in cases of threatened abortion, provided its administration is begun early enough, but hundreds of prescriptions are filled with some abomination, sold by the gallon because it is cheaper, and as a result the child is lost, perhaps the mother also, and yet substitution flourishes like a green bay tree because the doctor can not, or will not, learn that the most important thing in medical practice is to see that his druggist dispenses pure drugs.

Talk about medical legislation to protect the people! If we could pass a law making substitution a penal offense, with an incorruptible board of inspectors to look after the evil, we might be able to afford some *genuine* protection.

Tuberculin.

The indiscriminate use of tuberculin to detect tuberculosis in cows merits the severest condemnation. This preparation is made from the virus of consumption, and is, therefore, acutely infectious.

It is not an antidote, not a remedy for consumption, nor even a simple diagnostic agent, for it is well known among those who have experimented with it freely that not only consumptives but perfectly healthy people will give the characteristic reaction of tuberculin. This reaction is, in fact, merely the outward evidence of systemic poisoning. And yet, notwithstanding all this, boards of health persist in contaminating a large portion of our food supply in the shape of milk, butter, beef, cheese, etc., with this dangerous poison.

The colossal credulity of the medical profession, in some instances, is past belief.

Competition.

Class legislation is one of those luxurious, noxious weeds which grow so plentifully in the garden of human industry, and cast their deadly shade between the life-giving sun of individual liberty and the plants which droop and die for lack of its invigorating warmth and light.

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Did you ever stop to think how beneficial is free competition. Without it we should be compelled to buy any kind of food or raiment which might be offered us, accept any kind of service. That public, which the clamorers for medical legislation are so unselfishly anxious to protect, would have to be satisfied with such medical attention as might be obtainable irrespective of quality.

The first incentive to progress, to mental differentiation and development would be lost, and those familiar with the natural inertia of the genus homo will be slow to believe that abstract ambition, or a simple desire to benefit the human race, would be all-sufficient to animate man with an absorbing desire for continuous activity in any line. Ideally, it might; but practically, there is nothing like the spur of *necessity* for making progress.

A Dangerous Fad.

The doctrine of isopathy, *i. e.*, the cure of a disease by means of its virus, or the theory of curing diseased organs by the use of analogous organs of healthy animals, is not new. The present fad is simply another confirmation of the old saying, history repeats itself. The sixteenth century was rife with remedial measures of this character; even human ordure was recommended in certain instances.

The mystifying part of it is that in the nineteenth century of civilization, even the smallest number of intelligent professional men can be brought to believe that the human system has any use for dead, organic matter, save through the process of digestion and assimilation. The idea that dead, disintegrating cells can assume the duties of living cells, rendering needless the exercise upon the part of the latter of the functions of nutrition and reproduction, is preposterous.

It is doubtless true that these preparations produce very perceptible effects; so do the virus of consumption, glucose, urea, tuberculin, septic matter, etc., circulating in the blood. But the reaction which follows the administration of a poison does not necessarily imply a betterment of the physical condition.

To be strictly just in the matter, it is possible that when these extracts are ingested instead of injected directly into the circulation, they may prove a highly nutrient pabulum. In no other way can they be of benefit, for the moment life departs, the cells of a living organism begin to disintegrate, to break up into less complex forms, and no longer possess any properties in common with cells undergoing the phenomena through which life is manifested.

The Influence of Heredity.

Physicians are teachers as well as saviors. The great lesson of heredity contains the spirit of all progress and the people must learn it thoroughly. If physicians would utilize every opportunity to impress upon parents the responsibility which parentage involves, the far greater importance of transmitting a pure, healthy strain of blood, habits of industry and perseverance, self-control and other valuable traits of character, than material evidences of worldly wealth, what a grand, natural aristocracy the future would give us!

Nearly all scientists agree that acquired conditions may be transmitted to posterity, and if every future parent would stop on the brink of weak or vicious self-indulgence, to reflect that he thereby placed an impediment in the path of those who must follow after him, who must reap as he had sown, the forbidden fruit would lose its flavor.

Doctors, reflect upon this. The far reaching influence of heredity is but dimly comprehended, and it is from the medical profession that the public must obtain enlightenment.

A Convincing Proof.

Therapeutic frauds can not outlive a puny infancy. A continued demand for a pharmaceutical preparation is proof positive of its clinical value.

Therefore, when the physician insists that his prescriptions be filled with products from the laboratories of well-known, long-established manufacturing chemists, he may feel assured they possess all the virtues claimed for them.

Americanism in Medicine.

It is rumored through the medical press that there are symptoms of revolt in Germany, the home of scientific (?)

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medicine. That, in fact, the people are tiring of scientific theories and express a more or less open preference for a little American cure. It seems that the German laity have not the same admiration for the wonder-working microscope which the German student imbibes, along with the fundamental facts in medicine.

The Germans have given us the fascinating but erroneous germ theory of disease, but no therapeutic additions worth mentioning have come to us from this source.

A theory, however brilliant, is of little value unless it contains some practical working premises. The only rational suggestion advanced in this direction is that persons affected with diseases of germ origin should be isolated from their fellow men. This sounds very well, but to carry it into effect, we should be compelled to turn half the world into an hospital.

Americanism is the saving feature of latterday medicine. Without that anchor, we should be hopelessly floundering in a sea of errors. But the day of reaction is beginning to dawn. The rapid increase in mortuary statistics is making its influence felt. The question, "Why is this so?" is beginning to be heard, and the search light of rational inquiry will shine upon the battle ground of pathology and therapeutics until a satisfactory answer to the problem is obtained.

Blind Leaders.

The medical profession has had many benefactors, but the good which they have wrought collectively can not compensate for the enormous amount of harm accomplished by Prof. Koch and his colaborers.

The germ theory of the etiology of disease has diverted an immense amount of skill, energy and hard study, which restricted to legitimate channels might have reared a permanent monument to medical progress.

But after so many years of hard work, what have we? A choice collection of germs, labelled and classified. That is all. No remedies have been brought forward to meet this new pathology. Perhaps the disastrous effects of tuberculin were sufficient to frighten other workers from this field.

The profession is beginning to lose faith in this fascinating but deceptive theory. It has been a case of the blind leading the blind; but so long as we voluntarily keep the bandage over our eyes, so long will we continue to grope in darkness.

Let us take a bold stand upon this question; turn the torchlight of investigation upon the broad field of pathology and seek a more rational solution of the problem of disease.

A Menace to Therapeutics.

Is the germ theory of disease a vast joke at the expense of the profession? If so, has it not gone far enough? Shall we sit calmly by and see perpetuated the "greatest medical error of the day"? Etiology has gone astray, let us endeavor to save therapeutics.

These thoughts are brought forcibly to mind by the presentation to the profession of a diphtheria antitoxine solution, manufactured by a German chemical house.

The materia medica of the Germans has always been notably deficient, and in their haste and anxiety to keep abreast of the American manufacturing chemist, whose great work has done so much to elevate therapeutics, they appear to have recklessly abandoned common sense and reason.

The medical press and many branches of the science have been corrupted, almost unconsciously, by foreign influence, but when therapeutics, the most practical, the most important branch of medicine is threatened, it is time for American physicians to call a halt. Whither are we going? Germs, cellular therapy, attenuated virus, animal extracts, antitoxine solutions, anarchy, chaos!

The Medical Millennium.

Have any of us given serious consideration to the probable future of medicine if we remain quiescent and allow the German theory of disease to gain ascendency?

We already have quite a collection of germs classified, although there is still

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some fighting going on as to who deserves credit for priority of discovery, one man claiming one germ, his opponent another as the etiological factor in the same disease.

The next step is the isolation of an antitoxine obtained from blood rendered immune by the disease. The injection of each antitoxine will render the individual immune against that particular disease.

Then we shall have a board of men for each town or city, appointed by the State, whose sole duty it shall be to inoculate each and every citizen, with all the various antitoxines for the prevention of disease.

Thus we shall have no more disease and no more doctors. Behold the medical millenium!

Bright's Disease.

Dr. W. A. Thom, in a very able article upon Bright's disease, points out the influence of *mind strain* in the production of this disease.

We all know that mental disturbances do influence the flow of urine, great excitement, especially the depressing emotions, being provocative in neurotic individuals of an almost constant desire to micturate.

Bright's disease is most common to middle age, the period when mentality is functionally most active, and the cares and responsibilities of life are most exacting.

Dr. Thom cites the well-known fact of an increase in the percentage of phosphates found in the urine after severe mental effort, and argues that a brain in a constant state of exalted activity requires so large an elimination of phosphates that the strain upon the kidneys becomes sufficient to induce chronic inflammation and final disintegration.

It is not the men who follow literature as a profession, however, and who constitute instances of the highest type of exalted and continuous mental activity, who succumb most quickly to the ravages of this disease, but rather the business man, whose life is one of harassing anxiety in his all-absorbing devotion to the pursuit of wealth. The hastily eaten meals, the constant rush, the close confinement to his office, the short-time maturing notes, the nights of sleepless pondering over financial problems, these and a hundred other similar anxieties are the things which endanger physical integrity. In other words, it is not work but worry which kills.

The Ideal Medical Society.

The object of a medical society is mutual interchange of opinions, and the progress and development of medical thought in all directions. At least, that is what it ought to be. The actual object of the medical society of to-day is to offer an attentive, admiring audience to a few prominent physicians in the community, who ventilate their views, formulate the opinions, and dictate through the medium of resolutions, the rules which shall govern the conduct and practice of their supposably incompetent (?) colleagues.

One would suppose that intelligent men would resent the insinuation that they are unable to reach satisfactory conclusions concerning the various medical questions of the day without such assistance. Perhaps they do, for truth to tell, medical scrapping matches are by no means infrequent at these meetings.

In the ideal medical society, all will be different. Any doctor who holds a diploma from a legally chartered medical institution, whatever his views or practice, will be entitled to membership and a respectful hearing upon the floor of the society. The only permissible ground upon which an applicant may be blackballed will be immorality. Originality of thought will no longer be considered rank heresy. On the contrary, it will be understood that he who refuses to hear the other side of all questions fears the logic of his opponent, dreads lest the friction of argument generate an electric flash, disclosing the repulsive features of professional jealousy, selfish avarice or blind prejudice, peering through the seamed and tattered garment of sectarianism.

In short, the ideal medical society will be a fearless debating ground, where single-hearted devotion to medical science soars far above the petty, personal considerations which now threaten its supremacy.

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Pessaries.

It has been said that the pessary is to the prolapsed uterus what a crutch is to the lame, but we desire to enter a protest against its too indiscriminate use, more particularly in cases where the sub-involution or relaxation has not yet become chronic.

The function of an organ is greatly modified by its environment. Each organ possesses a species of consciousness, and the uterus which receives artificial support has not the same incentive to undergo involution possessed by one which must depend solely upon its own surroundings for like aid.

Ascertain the cause of the chronic pelvic engorgement, whether obstructed portal circulation, incompetent heart or what not, and treat that. Such treatment, together with a local, depletory course, will prove sufficient in the majority of cases.

Chicago Afraid of Comparisons.

We have just finished reading, with surprise and indignation, an editorial in the *Journal of the American Medical Association* (May 26th, page 813) giving a comparative list, in point of healthfulness, of the most prominent cities in the United States.

Great stress is laid upon the salubrity of Chicago, the death rate being given at 17.8 per one thousand, while the other cities mentioned range from 20.54 per thousand for Baltimore to 24 48 for Philadelphia, St. Louis is *conspicuous* by her absence. The reason for this omission will be found in the following letter from Dr. George Homan, City Health Commissioner:

ST. LOUIS, May 31, 1894.

DR. J. J. LAWRENCE,
Editor MEDICAL BRIEF, City.

Dear Sir—In answer to yours of 29th instant I have the honor to state that the annual death rate in this city, as calculated by the Health Department, is based on the last census enumeration (460,000) plus four per cent annual increase, which would make the local population in 1893 about 520,000.

As thus reckoned the death rate per thousand for the municipal year ending March 31 last was 17.9.

It is very easy for city officials to assume any convenient population figures that would suit their purpose and thus, on paper, minimize the death rate; and it was because of this custom or liability that this department adopted the basis and ratio above mentioned, and publishes them in the monthly bulletin in order that those concerned may know on what the given percentages rest.

Very respectfully yours,
GEO. HOMAN,
Health Commissioner.

St. Louis is unquestionably one of the healthiest of American cities, her system of sewerage has no superior, she is blest with pure water, the climate is unexcelled, and her death rate, calculated upon a *known* population, is only 17.9.

In the *Texas Sanitarian* for May, also St. Louis is given a lower death rate than the windy city. Chicago is evidently afraid of comparisons. Hitherto, we have refrained from allusions to her sewerage, her abominable water supply, the long siege of typhoid fever from which she suffered a couple of years ago, nor the present scourge of small-pox raging in her midst. But, when she attempts to claim the earth and refuses to give St. Louis her just due, it is time to point out a few cold facts.

J. M. Branson, M. D., Keene's Station, Ill., says: As I am a dyspeptic, have found Seng to give me better satisfaction than pepsin.

Gonorrheal Chancre.

I have been attending, off and on for upwards of a year, Miss —, aged twenty-one years.

She has a large cavity in her left lung and rales through her right, with considerable expectoration. Her tongue is clean, pulse one hundred per minute; appetite was fair, but not so good now; occasionally hectic flushes and considerable cough.

She said she noticed that when she sang the sound passed out her back below the scapula. She was naturally inclined to pleasure, and often exposed herself to night air and wet weather.

Some time in January, 1894, her mother told me that she had a sore spot on her perineum. Upon inspection, I found a small ulcer of two weeks' standing, very painful and suspicious looking. I diagnosed it either a lupus or a tubercular ulcer. Applied Aristol, but the sore spread and soon reached the fourchette. I regretted that I did not remove it on first sight.

Some time after, a friend ordered another doctor to see the lady. After ex-

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amination, he told the patient and her mother that he could heal the sore in a short time. I had not given the family such a flattering promise.

Several days later the young doctor stopped at my office and asked my diagnosis. I told him. He volunteered to give me some light on the subject, and hinted at gonorrheal chancre. I entered what lawyers call, a plea of surprise. I did not know, had no cause to suspect, neither did I believe the hint to be correct. The doctor quoted a few surgeons who taught and maintained that gonorrhea could produce a chancre. With a great deal of reluctance I yielded to such eminent authority; did not believe that the ulcer was a chancre, yet concluded to treat it as such.

I applied cocaine to the raw surface and then cauterized it thoroughly with the nitrate of silver pencil, and applied dilute mercurial ointment. After a two weeks' trial in connection with specific constitutional treatment, the sore had not improved, and I again felt certain that I was not dealing with a chancre. I changed to peroxide of hydrogen by spray, and then filled the ulcer with an antiseptic powder of camphor, acetate of lead and starch, and over this I placed cotton spread with dilute mercurial ointment. In one week's time the sore showed considerable improvement and is now healed.

The lady had at no time either leucorrhea or vaginitis, and although there may have been cause for suspicion, her symptoms at no time indicated gonorrhea or gleet. The doctor claimed that from what he knew of the friend who sent him, he had good reasons to believe that the ulcer was specific. *Good reasons* may be strong circumstantial evidence, but in this case they are too weak to convict, even if an intruder had appeared on the premises.

If in this case the young lady had been imposed upon by an unclean spirit, must it follow that she had gonorrhea? If she did have gonorrhea, is it likely that it was so trivial that it existed without the patient's knowledge, or my attention being called to the fact? If it did exist and was so mild in its form that all the usual symptoms were wanting, is it likely that the vagina should escape inflammation and yet a chancre form on the perineum, in case there was a crack or break in the perineal skin?

Prof. S. D. Gross says in his book on surgery that gonorrhea may produce a chancre, especially when a crack or break exists in the true skin. Dr. Wm. F. Waugh says that the bacillus tuberculosis may produce lupus. Was this sore a lupus, or a tuburcular ulcer, or a chancre from gonorrheal poisoning? Is it at all likely that a chancre or chancroid would form on the true skin in the perineum in preference to the mucous surface of the vagina?

It was rather more fortunate for me and my patient than otherwise that the doctor went to see her without consulting me in the matter. It was kind and manly for him to come and give me the light he had concerning the case, notwithstanding the fact that "for as yet we see through a glass dimly."

The case is particularly interesting and teaches the older practitioner that he must keep posted on the nature, cause and symptoms of all diseases, and not leave a stone unturned in their history; the younger practitioner that he must not be too hasty in jumping at possible conclusions, and that a little professional intermeddling at times is beneficial to all concerned.

I do not believe that a gonorrhea can exist without the subject being aware of it, neither that it is self-limiting or self-curative. I do not believe that a gonorrhea, or a gleet, will produce a hard or soft chancre, either in the vagina, on the glans penis or perineum as does syphilis, but I do believe that ulcers may form in patients suffering from gonorrhea or gleet, as well as they form on the os uteri, in the vagina, on the glans penis, in the mouth, in the rectum, in the stomach, or on the true skin, more particularly so in scrofulous or consumptive persons, regardless of any specific taint. If gonorrheal matter comes in contact with such an ulcer it may assume another nature.

FRANK R. BRUNNER, M. D.

Eshbach, Pa.

J. W. Petty, M. D., Wells, Nev., says: I am so well pleased with the action of Seng in indigestion that I would not think of practicing medicine without it.

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Abortion and Inertia of the Uterus.

The natural period of pregnancy is nine calendar months, but many causes may excite the uterus to a premature expulsion of the ovum.

Writers often make a distinction between abortion and premature labor. If the expulsion of the ovum occurs before the sixth month it is called abortion, if later, premature labor. This seems to me an arbitrary distinction, for the process in both instances is analagous.

The symptoms which usually precede abortion are pain—going and coming in the region of the uterus, together with a discharge of coagulable blood. Sometimes the irritation of the uterus is communicated to the neighboring parts and there is a desire to void urine and feces,—although the bladder and rectum may be empty,—but the discharge of coagulable blood, attended by a sense of weight in the pelvis, are the only symptoms to be relied upon.

If the expulsion occurs at an early date of utero-gestation, the ovum is generally expelled entire, but if at a later period and more advanced pregnancy, the membranes break, the liquor amnii escapes, and the fetus is expelled, but the placetan may remain for several days, provided there is no interference by a physician. I mention this latter practice only to condemn it, for no woman should be left to nature to remove the placenta or any portion of it, as the danger of septicemia is thus made very great. It can, by patience, be removed to the very last clot.

The causes of abortion are very numerous, but they may, as a general thing, be classed under three heads. 1. Those which stimulate the muscular fibres of the uterus, excite their contraction and expel the fetus. 2. Those which produce a separation,—partial or complete of the ovum from the uterus,—in consequence of which the fetus may die and act as a foreign body. 3. Those in which the primary action is on the fetus, such as powerful shocks, sudden emotions, fright, joy, etc., etc., in which the fetus is again expelled as an extraneous body.

The discrimination, however, of these modes respectively, is not easy in all cases. Sometimes an irritation in the neighboring parts, such as calculus of the bladder, accumulation of feces in the rectum, may occasion abortion—puritus vulva, falls, injuries, local causes, may also be the means of the expulsion.

Gooch tells of a case where a man with an alligator's head, with hideous jaws, fantastically dressed, suddenly looked over the shoulder of a pregnant woman. She immediately aborted on the street before she could be taken into a house.

Instances of sudden death in the family, producing miscarriage, are frequent in every physician's experience. At any sudden alarm, the muscular fibres of the uterus contract and the ovum is expelled in consequence. There is no doubt that sudden emotions and passions do sometimes destroy the child in utero, but just how this influence is communicated from the brain of the mother, through the umbilical cord to the child, is not easily determined.

Abortions in other instances can not be traced to any external cause, and at certain periods of pregnancy women will miscarry in spite of your best endeavors to the contrary.

There are two classes of females particularly disposed to spontaneous abortion—the *nervous* and *plethoric*. In the *nervous woman* it is supposed to arise from the participation of the uterus in the susceptibility incident to this temperament, by which it is liable to be easily excited to the expulsion of its contents. In the *plethoric* the vessels are so engorged that they are liable to rupture from over distension and abortion follows.

The treatment of the cases, as mentioned above, likely to prevent spontaneous abortion, incident to women of the nervous habit, is diametrically opposed to that required by women who suffer from a plethoric habit. In the former the treatment used to be attention to the general health, tonics, pure air, nutritious, but unstimulating diet, dilute sulphuric acid, etc., etc., and the plethoric were bled and given remedies to diminish the circulation, but in the present day of advanced uterine knowledge much has been done to assist sluggish nature in the science of evolution.

I have had many cases of spontaneous abortion which seemed to remain about the same, notwithstanding all treatment,

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as formerly advised, and I have even prohibited the husband from occupying the same room, but all to no avail.

Some time since my attention was called to a preparation manufactured by Battle & Co, corporation chemists, St. Louis, Mo., called "Iodia." On examination, I found it to contain the active principles distilled from the green roots of stillingia, helonias, saxifraga, menispermum, and some aromatics. I immediately tried it on a case that habitually aborted at the sixteenth week, and since its administration, the patient has passed the twenty-eighth week with no bad symptoms. This woman had aborted five times, and each time at the fourth month. I gave her one and one-half teaspoonfuls before each meal and this acted with the most happy effect. If it effected nothing more than the happiness it brought to this one family, it is enough; but I have given it an exhausted trial in menorrhagia with general uterine debility, and in no one case was I disappointed in its action.

Those women who menstruate with pain and difficulty *seldom* conceive, and if they do, generally miscarry or give to posterity specimens of humanity which, for constitution, had better be dead, than propagate their kind in time.

Speaking of the several classes of women who spontaneously abort, it has always been necessary to make a special treatment for the different temperaments, but this new remedy, Iodia, I have found suitable for any systemic peculiarity. I have never, in years of practice, found any remedy which can so generally be given as this one.

In cases of leucorrhea and general uterine debility, its action is most pleasing. Given in the interim between the menses the benefit will be marked.

If I can influence any of my co-laborers in the God given science of relieving suffering humanity—especially female humanity—to give their patients the benefits some of mine have received, I know they will rise up and call me blessed. JAMES S. KENNEDY, M. D.

Chambersburg, Pa.

T. W. Towler, M. D., Swifton, Ark., says: I have had admirable success with Seng in all stomach troubles.

Hydrocele.

Hydrocele signifies a collection of serous fluid in connection with the tunica vaginalis testis or cord. The most frequent cause of this disease is a blow, or strain of the groin, or, perhaps, no evident cause can be gotten at. The case I will report was attributed to a blow received seven years ago.

The patient, a negro man about forty-seven years of age, sent for me on April 15th, 1894. After reaching him and making an examination, found he had a diffused hydrocele. I told him the nature of his trouble, and how it had to be treated. It being night, and I not prepared to tap him, after giving him one-eighth grain of morphine hypodermically to relieve pain, I departed to return again next morning.

Next day patient told me he had been tapped several times. Had been treated by the application of setons also. The last tapping was done nearly four years ago. After anointing trocar and canula with carbolized oil, and spraying parts with sulphuric ether, locating testicles, etc., I grasped scrotum above swelling, stretched skin as much as possible, selected a point in front just below the middle, and thrust my trocar and canula into the distended parts; I then turned instrument upwards, withdrawing the trocar, and, to my astonishment, I took three pints of fluid from the sac. Now, I consider this a large quantity of fluid—never saw so much taken out at one tapping, though I am a young man in the profession and have never treated many cases. This is almost a painless operation, but I contend that sulphuric ether comes in very nicely on such occasions.

Just as soon as a small quantity of fluid collects, and I dare say it will be only a few days, will tap him again and inject into the sac two drachms of the tincture of iodine in half the quantity of water. Occasionally, we have quite an amount of pain and swelling after this injection, but I believe this to be the only way to stop the secretion of this fluid.

I expect my patient to suffer from a severe case of orchitis after this injection of iodine, but will treat him for such and predict a recovery.

J. LOUIS SNOW, M. D.

Collirene, Ala.

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Epithelioma.

I am an inveterate slave to tobacco. About nine years ago, I noticed that during cold weather my lips were constantly chapped, which I attributed to exposure to cold night and day, and continually chewing tobacco. My chapped lips would heal on the approach of warm weather; but the third spring I noticed a small fleshy tumor on my lower lip, about the size of a small buckshot, which was very tender and sensitive to the touch. It soon began to enlarge, and I became apprehensive that it might be cancer. Being but slightly familiar with the treatment or diagnosis of cancer, I went to Memphis, Tenn., and consulted Drs. Thornton and Mitchell (both of whom are distinguished surgeons and physicians). They diagnosed epithelial cancer, and proposed the knife; also, to extend to me the courtesies of the profession, for which kindness they will accept my thanks.

But thirty or forty years ago, I bought all the text books of the Eclectic School of Medicine, as then taught in Cincinnati. and after carefully reading them became convinced that they excelled in the treatment of cancer and chronic ulcers. Hence, I was theoretically opposed to extirpation of cancer by the knife. Having had little or no practical experience with it in my own practice, I could hardly be a competent judge of the real merits of either mode of treatment.

The cancer continued to enlarge, and became more and more angry and formidable in appearance, until myself and friends began to be alarmed as to what might be the final result. I then commenced corresponding with cancer specialists—quite a number of them. Finally concluded to try Dr. F. M. Stewart's treatment (of Sciotoville, Ohio). At first it seemed to have cured the cancer, radically, and I so reported my case to the BRIEF; but the cancer returned, and in a few months was as large as before treatment. But I still believe that had I persisted in the use of his remedies a complete cure would have been the result. I feel that I owe Dr. Stewart a debt of gratitude.

All medical men know that medicine is a progressive science. It grows by accretion. Hence the necessity of every practitioner keeping himself fully informed concerning the new remedies and new use of the old ones, which are constantly being made both in Europe and America, and this can only be done by carefully reading our medical journals, who sit on the watch tower and publish for the benefit of the profession all that is new or valuable, from week to week and month to month. A practitioner of medicine who does not subscribe for and carefully read them is like a ship at sea without rudder or compass.

In my then condition I scarcely knew what to do; certain death from cancer seemed to be the only result, in the near future, if a radical cure could not be had. About this time I heard of a cancer cure, which was accidentally discovered by Mr. John B. Harris, an unprofessional man, of Eutaw, Ala., (now of Fort Payne, Ala.). Mr. H. represented that he had epithelial cancer on his face—right cheek. He applied to Dr. Leslie E. Keeley, of Dwight, Ill., for treatment, who used some escharotics, and it seemed for a time to have been cured, but soon returned in a more aggravated and malignant form than before.

Mr. H.'s business called him to West Tennessee, and riding in a hack, fourteen miles from Milam, the plaster dropped off the cancer. He discovered a weed near the road, of which he procured a handful of leaves, which he beat into a pulp and bound to his cancer. This was not removed for twenty-four hours, when the sensitive cancer had become hard and callous, with little or no soreness. He then used simply vaseline dressing, and the result was, that in a few days the entire cancerous mass dropped out. He continued to dress it with vaseline, and in a short time the ulcer was entirely healed, and so remains to this time—three years having elapsed since the remedy was used.

Mr. H. then supplied himself with chemical apparatus, and now prepares a salve and a fluid extract from the weed that cured his cancer. I concluded, as a last resort, to try his treatment. His directions were to apply the salve three times, letting it remain on the lip each time twenty-four hours. I did as he directed, and it healed kindly and seemed to be cured. Finally, however,

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it returned, no worse, but certainly no better than before using the remedy. Being convinced that something had to be done more thorough, I concluded to give it another trial, which I did, applying the remedy five times instead of three, letting the plaster remain on twenty-four hours each time. After which I dressed the ulcer in day time with vaseline and bismuth, and at night with a poultice of ulmus pulv. The ulcer healed rapidly, and now after seven months have elapsed, there is no appearance of a return of the cancer. For which I do feel devoutly thankful, and believe the cure to be thorough and permanent.

I do not believe the value of this remedy is any the less by reason of the fact that it was accidentally discovered by a drummer—an unprofessional man. The truth is, that our knowledge of therapeutics is chiefly empirical. The properties and effect of medicines have, for the most part, been learned by observation and by accident. Who could tell, by chemical analysis, that aloes and rhubarb would increase the peristaltic action of the bowels, or that ipecac would reverse it? I felt that it was a duty due to the profession, no less than to those suffering with cancer, to report my case. I have tried to give a plain, simple statement of facts.

I am a subscriber to the BRIEF for life.

W. W. DABNEY, M. D.

Lodi, Miss.

R. A. Bass, M. D., Latta, S. C., says: I gave Seng in a bad case of indigestion, the subject being my wife, and would say that I am delighted with the effects. She has not only improved but seems to be perfectly cured of her indigestion, and now eats anything with impunity.

An Arm Lost.

Last summer I was called to see Thos. S., aged twenty-one, who had been thrown a distance of twelve feet by his arm being caught on a mill shaft while attempting to replace a belt. The arm was completely torn from the body, both radius and ulnar broken in several places. The humerus was broken in its lower third, drawn from its articulation with the scapula, and left hanging by the parts of the attached muscles. The skin was torn far back on the dorsum of the scapula, making a wound some eight by ten inches in size.

The parts of muscles were very small, and there were several cords of the brachial flexus extending out of the wound a distance of from two to four inches. Among them could be seen the pulsations of the axillary artery, which, from torsion during the accident, had not bled any. The hemorrhage, which was slight, came from the smaller vessels. The parts of muscles were so small that no covering could be obtained from them, and the wound could only be left to heal by granulation.

My attention was first directed to the artery, which, on being touched, began to spout furiously, but was caught by a forcep before much blood was lost. The patient was then put under the influence of an anesthetic and the artery was ligated in or near the second division, and the wound put in the best possible shape by clipping off the remaining muscles and nerves, which left a very ugly wound of the above-mentioned size. The wound was then washed with a bichloride solution, 1 to 5000, and covered with cloths wet with same, an anodyne was given and the patient removed to his home, where, by the assistance of Dr. J. M. Taylor (who afterwards met me in the case) the wound was rewashed in the above solution and given a thorough antiseptic dressing, and the patient put to bed in the best condition possible. The shock was slight, as there was but little blood lost, and reaction was in proportion, the temperature not running higher than 100°, and the circulation one hundred and twenty. When visited on second day the temperature was normal and circulation ninety-eight per minute.

On the fourth day, the temperature again arose when the wound was redressed and found to be in good condition, only a small amount of pus having accumulated. After this the temperature and pulse were normal, except slight exacerbations on the seventh or eighth day, showing a need of redressing, which was done each time with the same precautions as at first.

The wound made rapid progress toward healing, and would have been completely

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healed by the end of five months had it not been delayed by some dissipation on the part of the patient.

I relate this case not to show what the doctor did, but to show how well nature will perform her work when assisted by antiseptic measures.

There is also some rarity in the case on account of the small amount of hemorrhage.

T. W. STONE, M. D.

Rocky Hill, Ky.

Missing Fetus.

In answer to Dr. H. Dorchester Browne's inquiry (in May number of BRIEF): "What became of the Fetus?" I would suggest that they search for it in the water-closet, where I, a number of times, have had it disclosed. A woman who is about to miscarry has generally one or more free movements of the bowels, and in a number of cases where I have been called to attend miscarriage, I found the placenta either expelled or still in the uterus or in the vagina, but no fetus, when upon ordering a search in the water closet, it would be brought to light. In those cases, the woman remembered having been surprised at a very large defecation, causing them to strain, but never for a moment dreaming what was passing from them in conjunction with the feces.

Thirty-seven years ago, when I was young and inexperienced, though married four years and with a living child. I, being strong and healthy, lifted one side of a piano to have the carpet pulled from underneath; in a few minutes after my servant, as well as I, heard a snap, and I was instantly compelled to lie down, as the membranes of a five months' pregnancy had ruptured and the liquor amnii was running away freely. Presently, severe hemorrhage set in, and when medical aid finally came, the placenta was found, but—no fetus upon most diligent search. I had not been out of my room, but the servant had removed the soiled clothes, putting them into a large wash-tub out on the lawn. We came to the conclusion that either a dog or some other animal had carried the fetus away. That was my first experience of a miscarriage where the fetus was not found.

Only a few months ago, I was called to see a young married woman, who had profuse hemorrhage, she having just returned from New York City. Before she could drive to her home, she was compelled to go to the water closet of the depot, and although I found and removed a healthy-looking placenta of a two months' pregnancy; the fetus was never found. There can be no reasonable doubt that it passed from her in the water closet. Of course, in a city where sewerage carries everything away, one can not expect to find it.

GERTRUDE HAMMOND HARPER, M. D.

Spring Valley, N. Y.

H. Wardner, M. D., La Parte, Ind., says: I have had good results from the use of Seng.

Reply to Dr. H. Dorchester Browne.

A few years ago, Dr. F. B. Robinson, of Rush Medical College, Chicago, introduced to our notice the "abdominal brain," and has from time to time made reports concerning its antics.

In the evolution of the race, or of the individual, the time must come when the abdominal brain will develop characteristics of a very high order. Besides a controlling power over abdominal tumors, uterine moles, peritonitis, colic, irregularity of the bowels and an undoubtedly intense interest in the genito-urinary system, is it not probable that a step higher in the manifestations of its functions is the development and regulation of the beer and cigarette habits? Is it not a charitable view, at least, to take of some of the cigarette habitues, that the habit is entirely under the control of a brain of inferior development, and not subject to intellectual superintendence?

The case reported by Dr. H. Dorchester Browne, my fellow-townsman, with whom I have not the honor to be acquainted, to my mind illustrates the further evolutionary advancement of this abdominal brain, and the supreme triumph of Dr. Robinson is near at hand. Should it be thought a thing incredible among men, that in due season there should be born a child of the abdominal brain? What man in his reason would expect to find a child of the abdominal brain in an ordinary utensil? Rather

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seek for it among the stars in the imponderable, intangible ether! When cerebral procreation is carried on there are no material evidences of the act discoverable, and it will be urged that the presence of a "placenta and membranes" in this case of Dr. Browne's is an argument against my theory, but it must be remembered that this abdominal brain is in the transitional stage from a purely animal function to that of higher qualities, and we should expect combined exhibition of function at both stages of development. I look upon the absence of a cord in the case reported as very suggestive.

These remarks are offered to Dr. H. Dorchester Browne for what they are worth as a possible explanation of the case.

I read the BRIEF regularly and consider it one of the most interesting journals published. Success to it.

S. E. GILBERT, M. D.,
Late Professor of Mental Diseases in the Wisconsin College of Physicians and Surgeons.
Milwaukee, Wis.

Complete Inversion and Protrusion of Uterus.

The infrequency of complete inversion and protrusion of the uterus, its gravity as a complication of labor, and the opportunity offered by the given case to critically examine the condition presented, has led me to prepare this paper.

My patient was a primipara, twenty-two years of age, who was attended by a midwife and delivered at noon on the thirty-first day of March, 1893, of a child at full term; labor being normal, placenta delivered in about twenty minutes. Up to this time all had seemed to be normal. Shortly after the delivery of the placenta there was profuse hemorrhage and great prostration, which alarmed the midwife and friends and they called a quack doctor to attend the case. He treated patient for forty-eight hours, seeing her five times.

On the morning of April 2d, the uterus protruded from the vagina, when the doctor pronounced it a fibroid tumor and came to the city to get his instruments to remove it.

I was called to take charge of the case this day, forty-eight hours after confinement. She was very much prostrated from loss of blood, shock and pain. I found, on examination, the uterus completely inverted and hanging between the limbs. I disinfected my hand and the uterus with a hot solution of hyd. bichloride 1 to 10,000, gave stimulants, anesthetized her and succeeded in replacing the organ in about ten minutes. I used the following method: Grasped the uterus with my right hand, compressing and forcing it back into the vagina; then, folding the fingers of my right hand in the form of a cone, made forcible pressure with right hand against the uterus, counter pressure being made on the abdomen with my left hand.

She rallied nicely from the anesthetic. From this time on I treated her as in normal confinement. She was a little slow in getting up, but was able to attend to her house-work in four weeks, and is enjoying the best of health to-day.

The patient is a finely formed woman, with well-developed pelvis and had always enjoyed good health up to the day of her confinement.

Only twenty-four cases of this complication of labor have been recorded. Aveling says it occurs once in one hundred thousand labors. Reeves and Madden make it less frequent. In the Dublin Lying-in Hospital there have been twenty-six thousand, six hundred and eighty labors and not a case, and in Vienna Lying-in Hospital, we have one inversion in two hundred and eighty thousand labors.

When we remember that thirty per cent of the recorded cases die, we will see the necessity for prompt and speedy relief.

In most cases it has accompanied or followed the expulsion of the child. In this case it occurred at the time of the delivery of the placenta, due, perhaps, to great traction on the funis. I hope I may be pardoned for saying that the limited amount of literature at my command prevents my giving further references, dates and names of authors. If I have succeeded in enlisting further inquiry and desire for more light on this dangerous, abnormal condition, I am well repaid for this short article.

J. A. G. SAMPLE, M. D.
Atchison, Kan.

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Reliable Formulae

MYALGIA.

R. Campho-Lyptus ..... 2 ounces.
Papine ..... 2 ounces.
M. Sig.: To be well rubbed into the painful parts.

DIPHTHERIA AND MEMBRANOUS CROUP.

The formula recommended by Dr. James R. Leaming is:

R. Ammon Muriat ..... 3 drachms.
Potass. Chlorat ..... 1 drachm.
Aq Cinnamomi ..... 2 ounces.
Syr. Acaciæ ..... 2 ounces.
Syr. Senegæ ..... 1 ounce.
M. Sig: Give one teaspoonful every five minutes until there is relief, or until vomiting ensues.—*Prescription.*

WHOOPING COUGH.

R. Peacock's Bromides ..... 1½ ounces.
Tinct Belladonnæ ..... ½ drachm.
Syr. Tolu ..... 2 ounces.
Syr. Simp ..... q. s. ..... 4 ounces.
M. Sig.: Teaspoonful every two or three hours.

OFFENSIVE BREATH.

R. Listerine ..... 1 ounce.
Tinct. Myrrhæ ..... ½ ounce.
Aquæ Dest ..... q. s. ..... 2 ounces.
M. Sig.: Use as a gargle.

ACNE.

R. Sulphur. Sublimat ..... 2½ drachms
Amyli ..... 2½ drachms.
Saponis Mollis ..... 5 drachms.
Adepis ..... 2 drachms.
M. Sig.: The ointment is left on for two hours at a time, after which the face is washed with warm water and dusted with rice powder or starch.

SCIATICA.

R. Tinct. Aconiti ..... ½ ounce.
Tinct. Colch. Sem ..... ½ ounce.
Tinct. Belladonnæ ..... ½ ounce.
Tinct Actea Racem ..... ½ ounce.
M. Sig.: Six drops every six hours.

INCIPIENT DIABETES MELLITUS.

R. Seng ..... 6 ounces.
Sig.: One to two teaspoonfuls after each meal.

GINGIVITIS.

R. Tinct. Krameriæ ..... 1 ounce.
Papine ..... 2 drachms.
Tinct. Myrrhæ ..... 1 drachm.
Aq. Camphoræ ..... 7 ounces.
M. Sig.: Paint gums with a camel's hair brush.

NEURASTHENIA.

R. Sanmetto ..... 4 ounces.
Celerina ..... 4 ounces.
M. Sig.: Tablespoonful three times daily.

LOCOMOTOR ATAXIA.

R. Ext. Belladonnæ ..... 4 grains.
Olei Terebinthinæ ..... 2 drachms.
Olei Theobromæ ..... q. s.
M. ft. cap. No. 12. Sig.: One thrice daily.

ARTIFICIAL BREAST MILK.

R. Cream (20 per cent) ..... 1½ ounces.
Milk ..... 1 ounce.
Water ..... 5 ounces.
Milk Sugar ..... 3 drachms.
Lime Water ..... ½ ounce.

RHEUMATIC HEADACHE.

R. Exalgine ..... 10 grains.
Antikamnia ..... ½ drachm.
Cactina Pillets 20
M. ft. cap. No. 10. Sig.: One capsule every hour until relieved.

FAVUS.

R. Potass. Bichromat ..... 15 grains.
Adepis ..... 1 ounce.
M. Sig.: Cut the hair short, remove crust by poultices and soft soap, and then apply ointment.—*Med. Times and Hosp. Gazette.*

DYSMENORRHEA.

R Aletris Cordial ..... 2 ounces.
Ext. Valerianæ fl ..... 1 ounce.
Spts. Etheris Comp ..... 1 ounce.
M. Sig.: Tablespoonful repeated as required.

DIABETES INSIPIDUS.

R. Ext Ergotæ fl ..... 1 ounce.
S. H. Kennedy's Pinus Canadensis (Dark) ..... 1 ounce.
Ext. Valerianæ fl ..... 1 ounce.
M. Sig.: Teaspoonful three times a day.

PHLYCTENULAR CONJUNCTIVITIS.

R. Hydrarg. Oxid. Flav ..... 1 to 3 grains.
Vaselini ..... 1 drachm.
M. Sig.: Place a piece the size of a pin's head between the lids.

GALACTORRHEA.

R. Atropinæ Sulph ..... 4 grains.
Aquæ Rosæ ..... 1 ounce.
M. Sig.: Apply on lint around the breast. Remove when throat becomes dry.

ACUTE TONSILLITIS.

Dr. C. E. Miles, in a paper read before the Mass. Electic Medical Society, states that he has found no remedy to surpass the following in combating acute tonsillitis:

R. Ol. Eucalyptus Globulus ..... 15 minims.
Spts Camphor ..... 1½ drachms.
Tinct Guaiac ..... 3½ drachms.
Glycerini ..... q. s. ad ..... 1 ounce.
M. Sig.: Allow ten drops, on a bit of sugar, to dissolve in the month every one-half to two hours. Paint the tonsil, if it is very painful, with a four per cent solution of equal parts of cocaine muriate, water and glycerine.—*Med. Summary.*

ITCHING HEMORRHOIDS.

R. Cosmoline ..... 1 ounce.
Menthol ..... ½ drachm.
Hyd. Chloral ..... 20 grains.
M. Sig.: Apply.

CHRONIC RHEUMATISM.

R. Iodia ..... 3½ ounces.
Tinct. Cimicifugæ ..... ½ ounce.
M. Sig.: Teaspoonful well diluted every four hours.

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Symptomatology.

ANEURISM.

1. Globular tumor, ranging in size between a small nut and a cocoanut.
2. Pulsation, which ceases upon compression of main artery of part.
3. A *bruit* heard over tumor, usually systolic in time and blowing in character.
4. Thrill felt over tumor synchronous with each heart beat.
5. Pulse in artery below delayed in time and lessened in force compared with that on opposite side of body.
6. Pain may be very severe or only slight. It is of two kinds, a constant, deep, boring aching, and a sharp, lancinating pain.
7. Heart usually hypertrophied and arteries atheromatous.

HEPATIC TORPOR.

1. Bitter taste.
2. Gastric catarrh.
3. Palpitation.
4. Loss of memory.
5. Listlessness.
6. Tendency to bronchial catarrh.
7. Pain in right shoulder.
8. Constipation.
9. Excessive corpulence or emaciation.
10. Urine high-colored, scanty and full of urates.

DIABETES MELLITUS.

1. Inordinate thirst.
2. Great dryness of throat.
3. Tendency to furunculosis.
4. Cutaneous pruritus.
5. Progressive emaciation.
6. Increased flow of urine, which is clear and pale, of sweetish taste and odor, and high specific gravity varying with amount of sugar passed and its degree of dilution.
7. Bowels constipated.
8. Skin harsh and dry.
9. Development of cataract in one or both eyes.
10. Bronchial cough.
11. Circulation languid.
12. Temperature subnormal.

UREMIA.

1. Persistent, bilateral headache.
2. Vertigo.
3. Muscular twitchings.
4. Edema in various parts of body.
5. Convulsions or profound coma.
6. There may be sudden, temporary blindness or impairment of hearing.
7. Frequently vomiting and diarrhea.
8. Sometimes urinous or ammoniacal odor of breath and perspiration.
9. Occasionally sudden and severe attacks of dyspnea.
10. Urine albuminous and of low specific gravity.

NEURITIS.

1. General malaise with fever and headache.
2. Pain radiating from inflamed point to its peripheral distribution, and extending into other nerves of same plexus.
3. Pain is of a tense, persistent, burning, tingling or tearing character, with occasional remissions and nocturnal exacerbations.
4. There is a sensation of swelling and sometimes a red line extending along the course of nerve.
5. Cutaneous hyperesthesia over whole area of distribution, numbness, formication and ultimately anesthesia.
6. If the affected nerve be sensory-motor, spasmodic contractions, cramps, paresis and paralysis may ensue, followed by anesthesia and atrophy of muscles.
7. Cutaneous eruption, alopecia, clubbed nails are occasional sequelæ.

RACHITIS.

1. Excessive sweating over head and face.
2. Great restlessness at night.
3. Tenderness of limbs and muscles.
4. Large and tumid abdomen.
5. Digestive disturbances.
6. Enlargement at ends of long bones.
7. Enlarged cranium with bulging fontanelles.
8. Delayed dentition; teeth ill-formed and prone to decay.
9. Antero-posterior curvature of spine.
10. "Pigeon breast" and bowed legs.

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Therapeutic Suggestions.

IN epilepsy, Peacock's Bromides have given better satisfaction than any other remedy.

INJECTIONS of pure carbolic acid are said to be safer than a dilute solution.

PILOCARPINE, hypodermically, and by the stomach, gives the most satisfactory results in erysipelas.

CACTINA PILLETS should be given in conjunction with other remedies in acute or chronic rheumatism.

IN threatening puerperal eclampsia, tincture of the chloride of iron should be given continuously and in generous doses.

INJECTIONS of Kennedy's Extract Pinus Canadensis (White) will cure the most obstinate case of leucorrhea.

CHROMIC ACID and glycerine should not be prescribed together, as the mixture is explosive.

TROUBLESOME eructations are easily cured by teaspoonful doses of Seng after each meal.

TAR BATHS, viz., painting the patient with tar and then putting him into a tub of tepid water for about one-half hour, are very efficacious in many cases of psoriasis.

SULPHUR acts beneficially in eczema.

BROMIDIA promptly relieves the paroxysms of acute rheumatic gout.

STOP the use of ice drinks in a patient having gallstones. Hot water as a beverage will benefit him.

PAPINE is the safest anodyne for children.

FLUID extract of belladonna, one part to eight of rose water, used as a collyrium, and calomel flecked into the eye, cures suppurative keratitis.

CAMPHO-LYPTUS is highly recommended as a local anodyne in neuralgia, myalgia, sprains, etc.

IN all wasting diseases, give Hydroleine in conjunction with the digestant, Seng.

IODIDE OF LIME is said to be curative in membranous croup.

CELERINA will relieve the debility following mental over-work or dissipation.

CANKER sores can be touched to advantage every other day or two with burnt alum or a piece of sulphate of copper.

CHIONIA is a valuable prophylactic in the treatment of hepatic colic.

SOLUTIONS of Fairchilds' Pepsin by injection are recommended in old, chronic mucous diseases.

MILK boiling increases the quantity of the soluble phosphates, this appearing to show that the boiled milk contains a larger amount of phosphoric acid already for assimilation.

PERSVERANCE in the use of Sanmetto will cure any case of chronic urethritis.

FOR inflammatory chest trouble, with dry, hot skin, or where there is pain in the thorax, localized, sharp, acute, or subacute, with increased inspiration, asclepias tuberosa often acts like magic.

DRUGS, which by their therapeutic action tend to increase the arterial tension, will also increase the flow of the milk.

A NASAL spray of Listerine solution is a valuable adjunct in the treatment of la grippe.

SMALL doses of calcium chloride are recommended to check obstinate hemorrhage.

THE passage of clay-colored stools is a strong indication for the use of Chionia in any disease.

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For Cholera Infantum.—Use Salo-Sedatus Trituration, in one or two-grain doses, as may be required. A reliable remedy to arrest vomiting, relieve head symptoms, prevent convulsions and give rest. See pamphlet, pages 4, 5 and 10.

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THE

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J. J. LAWRENCE, A. M., M. D., - - - PROPRIETOR.

9th and Olive Sts., ST. LOUIS.

Terms—$1.00 a year, in advance. Single Copies, 10 Cents.

VOL. XXII. ST. LOUIS, MO., SEPTEMBER, 1894. No. 9.

The Paper Jacket.

Since Ambroise Paré in 1575 made his first jacket from beaten brass, orthopedic surgeons have exercised their ingenuity to the fullest extent to provide a comfortable and sufficiently strong support to straighten the column, remove the superincumbent weight, and so alleviate the pain of the many diseases to which the spinal column is subject.

Many materials have been used in their efforts; leather, metal of various kinds, including copper and aluminum, electrotype plates, papier maché, plaster, wire, felt, wood, etc., have each in their turn played an important part in the preparation of various devices to allay human suffering and misery.

Plaster seems to have been used more than all other substances combined, except, perhaps, the iron brace, because it was a material requiring little or no skill to handle; and because the material itself was cheap and temporarily, at least, fulfilled many of the necessary conditions.

All of these materials were heavy (except felt), and by reason of their weight alone were more or less unfit for the purpose for which they were designed. Some of them would not be worn by any woman because of the conspicuous deformity they caused her.

To specify: Felt, while light, so readily absorbed the secretions of the body, was at the same time so thick and so readily broken down, that it became next to worthless.

Plaster disintegrated, broke down readily, and so absorbed the perspiratory products of the body as to be most disgusting by reason of its offensive odor. If made in the ordinary dispensary manner, it was, after a few days, too large for the patient, slipping up and down on the body easily, and since it could not furnish any adequate support was of little use after a few weeks, except as an antero-posterior brace at the most. It was hot, heavy and dirty. It was a common experience to find vermin under a jacket which had not been removed for several weeks. The jacket was very liable to chafe. Sometimes it caused deep ulcers under it.

Wire corroded, broke easily, and to repair it was a work of great expense and difficulty.

The invention of the paper jacket occurred as follows: In the year 1887, there came under my observation a young lady, aged sixteen, who had received an injury of the right transverse process of the third lumbar vertebra. She had undergone the routine treatment of blisters, mas-

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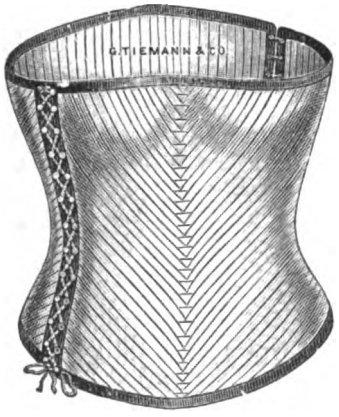
sage, electro-therapeutics, etc., with no improvement. Pain was constant and severe. On suspending her by the Sayre method the pain instantly ceased. A plaster jacket was prepared for her, but the weight and thickness of this appliance and the consequent warmth, discomfort and conspicuousness produced was so great that the writer entered upon a series of experiments to see if there were not some better materials to use for the purpose.

Felt, leather, silicate of soda bandages, wood, nickeled electroplate, etc., were successively tried, but each had its serious and irremediable objections. Without entering into tiresome and useless details, they were all either hot, heavy, cumbersome, conspicuous, expensive or difficult to prepare, etc. While in a



quandary as to what materials to use, a paper shell, such as is used by professional oarsmen, furnished the needed suggestion. Surely, if paper could be used to make a pail, pan, car-wheel, or a boat, it certainly appeared to be an appropriate substitute for the materials in use for spinal supports. Accordingly a mould of the patient's body was made by winding wet plaster bandages around the body from the anterior inferior spinous processes of the ilia to near the lower borders of the axillæ, while the patient was suspended, with the pelvis fixed. A plaster cast, made from the mould, was so modeled as to preserve the natural anatomical contour of the patient. Upon this cast, paper of various styles, weights and qualities, cut into strips half an inch in width, were laid in successive layers running in various directions by means of glue, cement, shellac and other compounds, until, after a long series of very discouraging experiments, a jacket of pure jute fiber, free from clay and wood pulp, was finally produced which the sample exhibited here this evening represents.

This appliance was no sooner fitted to the patient than all her objections to a spinal support vanished.

It was as neat as a new pin. It had none of the repulsiveness of the usual orthopedic appliances. It was perfectly cleanly. Being waterproof upon the inner side, it did not absorb the perspiration and so become offensive to a sensitive woman. Being readily and easily removed, the bathing of the body was but the work of a few minutes and then the jacket could be easily adjusted.

It was no thicker than her own corset, being only three thirty seconds of an inch. It was no heavier than her corset, weighing scarcely fourteen ounces, hence did not oppress her by its weight.

Being so thin, she did not have to remake any of her garments, and it was so inconspicuous that no one could tell that she was wearing an orthopedic appliance, even though she was clad in a close-fitting dress.

Being laced on both axillary lines and left open a half inch, there was plenty of room to lace it a little closer every morning under suspension, so that its grasp on the thorax was always as firm and close as though it just had been made. In this way some provision was made for the constantly changing shape of the figure due to the elongation of the column.

Moreover, the jacket was laced on the axillary lines:

1. That a firm, *unyielding* support might always cover the spinal column.

2. So that when the time came to reduce the size of the jacket, which surely happens (owing to the straightening and elongation of the column and the partial obliteration of the physiological curves), the relative positions of the scapulæ and the breasts would not be altered.

The patient was suspended every morning until the spinal column was straightened and extended to its utmost before the jacket was put on. In this

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way, every bit of ground previously gained was thoroughly maintained.

Light gymnastics were ordered for all the muscles of the body. Within two weeks her pain had ceased to such an extent that she was able to return to her work and has continued to pursue her usual avocation ever since. She is here to-night.

Since that day, in 1887, my son, Dr. R. H. Hawkes, and I have made these jackets for physicians in many States of the Union. Some of the best known physicians of this city have used them in their private practice.

Now let us summarize:

"Compared with other orthopedic appliances intended to furnish support for the spine when the lesion is in the lower dorsal or lumbar region, the writer believes that, for the following reasons, the jacket described is the best yet devised:"

1. It is the thinnest, lightest, and strongest jacket, furnishing sufficient support, ever made. Though its average weight is only about twelve ounces, and its average thickness less than three thirty-seconds of a inch, yet it is able to sustain a weight of over two hundred pounds.

2. It is impervious to moisture; hence does not absorb perspiration, and consequently does not become unbearable to the wearer.

3. A lady can wear it in place of the ordinary corset without "letting out" her dresses or making any change in her wearing apparel.

4. The feeblest child can wear it, yet the most muscular laborer engaged in the severest kind of manual labor finds it capable of sustaining any necessary strain.

5. It furnishes a more convenient, efficient, and durable support for the jury-mast, shoulder-brace, abdominal supporter, truss, leg-brace, etc., than any other kindred appliance.

6. It does not disintegrate and soil the clothing like plaster, or rust out like "alloy wire" or soften like felt.

7. It affords a solid base from which to furnish direct pressure to remedy any existing or developing deformity, yet accommodates itself to the action of the muscles of respiration.

8. Laterally it is as flexible as one could wish; vertically, it is as firm as stove pipe.

9. It can be easily modelled to fit any exaggeration of anatomical contour, and can be ventilated, if desired, by means of eyelets to any extent, and every eyelet inserted simply serves to make the jacket more compact and to bring the separate pieces of paper into closer union.

10. It is practically indestructible. The patient can never wear it out, though they may so change shape as to require a new jacket. Many of them have been worn eighteen months. They seem to possess all the advantages of the best spinal supports with but few of their disadvantages.

11. Its cost is no more than that of any other first-class appliance.

12. It seems to be well adapted to every variety of spinal complaint, more particularly those conditions where the spinal column seems unable to support its superincumbent weight by reason of injuries resulting from traumatism, shock, debility, etc.

In young and growing children the jacket must of necessity be replaced as often as there is any noteworthy change in the contour of the figure. Especially is this necessary in scoliosis or lateral curvature.

In case there is caries or necrosis of the vertebra it becomes important to open up the cavity at the earliest practicable moment, thoroughly asepticise and drain it. Renewal of the dressings can be done with great ease by the use of the paper jacket. If the patient is laid upon his face, the posterior portion can be unlaced, taken off, the back exposed, and the dressings changed without difficulty. After the dressing is completed, it can be returned to its proper position and thoroughly secured, with or without suspension, but it is better to suspend in every case.

Opportunity for greater expansion of the thoracic walls can be easily secured by the use of an elastic lacing, but the writer has never found it necessary.

The only thing necessary to make these jackets is a good mould of the patient's nude figure from the nipple line above to the anterior, inferior spinous processes of the ilia below.

The patient should be suspended every

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morning in a suspension apparatus so that the spinal column may be thoroughly extended, and then the jacket should be laced so closely as to remove as far as possible any superincumbent pressure and to prevent any unnecessary antero-posterior movements. It may be removed at night in most cases. Some cases would necessitate the retention of the jacket night and day, its removal being countenanced only for bathing purposes or for dressings.

The jacket should be made to come well down over the hips, as far at least as the anterior inferior spinous processes of the ilia, so as to form a broad, solid, substantial base upon which the jacket may rest. This is most important; for if the base is made to rest upon the *crest* of the ilia, chafing and discomfort result. It should fit the thorax closely, not extending above the nipple line—for it must be patent to any physician that a lesion above the mid-dorsal region necessitates a jurymast, or a chin support, for the head and the cervical vertebræ. Above the point where the thorax begins to become smaller, it is of no possible use for the jacket to extend simply to serve as an antero-posterior support. It simply renders the patient more uncomfortable.

There is no objection to fashioning the anterior portion so as to make the patient, if a woman, look shapely. In fact, if an agreeable contour can be secured and at the same time a thorough support can be provided, it does a vast deal toward reconciling the patient to her most unfortunate lot.

Now, as to the importance and necessity of suitable spinal appliances, it is only necessary to note that the most recent statistics show that four per cent of all our people are affected by some disease or deflection of spinal column.

How important that this mass of suffering humanity be relieved of their misery! How vast the debt we owe them! How inadequate most of the modern appliances are for the purpose, is shown by the dwarfed, misshapened bodies that stare at us at almost every step in our daily pathway, obtruding their deformed shapes amidst our pastimes like the nightmares that affected our childhood slumbers.

Dickens' character of Quilp aroused our boyish repugnance while living on a farm in Maine, but the myriads of Quilps that leer at us at every turn in this great metropolis ought to arrest our attention and improve our methods.

Think of the thousands of poor little emaciated waifs whose attenuated bodies have filled early graves, that might have been saved with their crooked and twisted little bodies straightened, their health recovered and their homes made happy!

Most of us never received any instruction in orthopedic surgery. Though a graduate of the College of Physicians and Surgeons of this city myself, I never received a particle of instruction upon the subject. Many of you will have yet to stumble along a badly trodden pathway, if you engage in orthopedics.

Let me pay a tribute to such men as Sayre, Judson, Gibney, Phelps, Ridlon and many others who have consecrated many of the best hours of their lives to the alleviation of this kind of distress. Their example stimulated me in my work; may I not hope that my humble efforts in this direction may arrest the attention of some younger and more gifted man to tax his ingenuity to the utmost to develop something better than any of us have seen.

J. M. HAWKES, M. D.
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Massage.

Patients come to my office so frequently who are suffering from the results of so-called massage that I thought it might be of interest to some of the BRIEF readers to note some points in regard to this matter.

An elderly lady came to my office a short time ago. She quickly announced to me that she had been to Dr. A. and that massage was used on her. She stated that the doctor's massage was somewhat vigorous. It was for the purpose of overcoming constipation. On vaginal examination I found a mass in the pelvis and on the left side which I took to be the left tube and ovary. It felt soft, edematous, and was exquisitely tender. My diagnosis was acute exacerbation of an old salpingitis. Rectal examination revealed a confirmation of the vaginal examination.

The views I wish to present is that

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massage should be done with more care, that existing conditions should be diagnosed, and that proper manipulation should be exercised in its execution. It is certainly dangerous for amateurs to massage "lumps" and swelling in the pelvis. Pelvic massage should only be done by a person skilled in pelvic anatomy and pathology. Very little instruction of any kind is given in the colleges as regards massage. But my experience with patients who have been massaged by physicians who have had little or no training in it is very disastrous. These patients have been ill for long periods, simply because the person performing the massage did not understand the subject, or was too severe and rough in the execution. Roughness and rudeness or high pressure are not essential to massage.

If one thinks a moment, he will discover that the spinal cord is the source of nerves which branch to three regions, viz: abdominal viscera, abdominal muscles and abdominal skin. Now, the irritation of any one of these nerves will irritate the other two, *e. g.*, if peritonitis exist the muscles are tense and the skin is sensitive. Again, if cold water be dashed against the abdominal skin, the abdominal muscles are at once put on a stretch, and no doubt the viscera are at once fixed in a protected position. This should serve for a lesson in massaging.

It is the light irritation that does the most effective work. First, the skin on the abdomen should be lightly rubbed. This will affect both muscles and viscera lying under. Then the muscles should be gently kneaded, and finally the viscera should be slowly manipulated. It is astonishing how severe, vigorous and even violent some amateurs massage the bowels to cure constipation. Some are so violent in massage that they do more harm than good. It is traumatism rather than imitating nature. I am not arguing against the practice of massage, but I am definitely convinced that massage, if not properly executed, is worse than useless. Any organs, pathological or normal, can be influenced for good only by gentle manipulation. Natural movements must be imitated in massage. Properly massaging the abdomen for the curing of constipation is reasonable, right and successful. But when it is done with such violence and roughness that the patient feels as if the abdomen had been pounded with sticks and that peritonitis had just subsided, it behooves the person who gives the massage to learn how nature moves. Nearly all amateur persons in the field of massage are apt to do too much rather than too little. There is no one who should know pathology and anatomy better than he who will execute massage movements. The physiology of natural movements must be learned and respected. Pathological anatomy must be cautiously disturbed. Gentleness and slowness are the watch-words in massage. In my opinion, notwithstanding individual brilliant reports, it is fortunate that massage is not commonly used, but is in general limited to a few who are taught by experience to be very cautious in applying massage.

An important chapter in massage is the irritation of the visceral nerve centers in the spinal cord. How often we can notice the benefit of a blister on the back of the neck, *i. e.*, over the centers for the visceral circulation. From the cervical vertebra to the fourth dorsal lies a spot which may be considered an important vaso-motor center. Massaging this point or blistering it has wonderful influence over the viscera, nerves and blood-vessels of the abdominal cavity. I frequently see benefit by directing the patient to have her back rubbed with warm salt water for five to ten minutes every night on retiring. Riding horseback is a form of massage, and all recognize its benefit.

F. BYRON ROBINSON, M. D.
Chicago, Ill.

Rheumatism.

I am sure the "little balls which seem to be an excresence simulating nutgalls," that Dr. W. R. Gillespie, of Covington, Ky., asks about (June BRIEF), are the tubers of a cactus known as cereus tuberosa. The Mexicans use these tubers, attaching great value to them in the treatment of rheumatism. They soak the tubers in alcohol and use this fluid, with friction over the parts.

Aurora, Tex. J. D. BURCH, M. D.

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Cellular-Therapy.

Referring to the editorial entitled, "A Menace to Therapeutics," published in the July number of the BRIEF, I beg leave to make a brief reply to certain portions of the same, in the hope of being able to correct certain erroneous impressions which that article is liable to convey. Assuming that foreign influences are at work in modifying our former views as the etiology of disease, you say, " * * * * * but when therapeutics, the most practical, the most important branch of medicine is threatened, it is time for American physicians to call a halt. Whither are we going? Germs, cellular-therapy, attenuated virus, animal extracts, antitoxine solutions, anarchy, chaos!"

Candidly now, and dispassionately, let us consider seriatim these criticisms upon what may appropriately be termed, modern ideas in scientific medicine. The actual presence of germs in certain diseases can not longer be questioned; the question relating to their etiological significance, I will admit for the sake of argument, has not been positively and definitely determined, for it is well known that we do have croup and diphtheria and certain forms of pulmonary wasting in which it has been found impossible to demonstrate the presence of the peculiar germs characteristic of the disease. Further, it must be admitted that in a number of infectious diseases, no germ pathognomonic of that particular disorder has yet been discovered, but it is possible that the miasm due to certain atmospheric influences may so influence the body cells that specific disease follows. Again, we know very well that if the micro-organisms really possessed a tithe of the vitality and virulence claimed for them by bacteriologists, the population would be decimated in less than a twelvemonth, and this also brings most forcibly to our attention the function of the body cells in warding off attacks of every description. In this connection, however, it will be claimed by the bacteriologists that the germs, as a rule, require a suitable nidus and a favorable soil for their multiplication, and thus again we are confronted with the cell-function as a factor in promoting health and resisting disease. No matter how the micro-organisms find entrance to the body, or whether they be only modified forms of microscopic objects normally there, we can not deny the facts relating to their actual existence and their power to precipitate a fatal issue in many cases. This latter observation is prompted by the fact that so far, bacteriologists have not been able to reproduce by the introduction of pathogenic germs into the living economy, an exact counterpart of the disease from which the germs were obtained, and consequently, the etiological relation still remains an open question. What concerns me more particularly in this discussion is the subject of cellular-therapy, because by studying the facts relating to the normal resistance of the cells of the organism, we shall ultimately succeed in exhibiting remedies that will so stimulate and improve cell-function that disease will be arrested, subdued, conquered, banished, annihilated.

Illustrations of the practical adaptation of this theory in the treatment of diseased conditions are to be found in every prescription written—provided the practitioner has sufficient intelligence to locate the disease—in every special article written and in every text-book published. Indeed, the idea, although never put in the form of words, has existed from time immemorial, and I venture to say, will eventually become the foundation-stone of scientific therapeutics. Thus, in the early history of medicine, it was not only taught, but was believed that certain remedies influenced certain organs or tissues, and as a consequence formulæ were in vogue perpetuating the idea for future generations. We need not stop to consider the appropriateness of these specific remedies, nor to question their scientific adaptation, since it is sufficient for us to know that the Fathers of Medicine firmly believed they were administering medicines that would affect certain organs or tissues. Later investigations have shown that these organs and tissues are composed of cells, and that disease, as demonstrated by pathological anatomy, is due to a suspension or disorganization of cell-function.

When the renal functions are deranged, when cellular activity is arrested or sus-

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pended, how naturally does the physician turn to diuretics, remedies which stimulate or improve the cell-function of these organs? In the case of cerebral excitement, occurring either as a result of disordered nutrition, or from known external causes, where is the physician who does not seek for suitable anodynes to lessen the irritability, and thus promote restoration of function? When the heart is pounding away like a trip-hammer at the rate of one hundred and twenty per minute, with arrested secretions, wild delirium and high temperature, who can for a moment deny that the functions of the eliminating cells are seriously deranged? And by way of digression, I may mention some of the measures hitherto, and now, recommended for the peculiar position just described, showing how all of them have for their ultimate object the restoration of cellular activity; in other words, it will be shown that these remedial measures, whatsoever their character, depend for their success upon the principles embraced in cellular-therapy.*

Blood-letting is useful, not so much because it abstracts from the system a considerable amount of the circulating fluid and with it a percentage of the poisons and waste-products, but because it has the effect of bringing into the circulation an army of leucocytes which enact the rôle of scavengers. Although first brought to the attention of the profession by Virchow, in his "Cellular Pathology," (1858), the subject of leucocytosis has, until recently, received but little consideration. In pneumonia, for example, when leucocytosis occurs, the temperature rapidly falls and the patient recovers. Now, what is this but an evidence of the importance of cell-function? By the administration of antiseptics we interfere with the absorption of poisonous products from the intestinal tract; by the use of antipyretics we may reduce temperature and secure sedation through the influence of these substances acting upon the blood and the nervous system; by arterial sedatives the activity of the circulation is controlled, thus permitting normal cell activity, all of which goes to show that cellular-therapy is really not a new thing, but an acceptable name for something which is as old as medicine itself.

In conclusion, I should like to add a word on the subject of leucocytosis, a term used to denote a *normal* increase of the white blood-corpuscles. After a hearty meal, in animals and in man, there is a marked increase in the white blood-corpuscles; this is called digestive leucocytosis. When a person is attacked with some inflammatory trouble, like pneumonia, pleurisy and some of the fevers, an inflammatory leucocytosis occurs. Cuts, bruises, boils, carbuncles and all surgical operations are attended by a leucocytosis. Some of these leucocytes perform an important function—still running in the line of the cell-function—through the antiseptic secretion which they produce. Thus, it has been demonstrated that the polynuclear white blood-corpuscles produce a substance, the chief ingredient of which is nuclein, a phosphorized protein, and a powerful bactericide, quite as effective against micro-organisms as corrosive sublimate. In cases where there is defective nutrition and where there is a suspicion that normal leucocytosis will not take place, this substance, nuclein, can be introduced into the economy and leucocytosis artificially established. It is a most interesting and instructive study to watch the effects of nuclein solutions when introduced into the system, either hypodermically or by the usual route; even within a few hours an enormous increase of white corpuscles can be discovered in the blood, and then the effect of this artificial leucocytosis can easily be distinguished upon the patient.

It has been through the teachings of clinical experience that I have been led to advocate the subject of cellular-therapy, and I have merely contributed an appropriate name to designate a well-known practice. As to nuclein-therapy, that is but a branch of cellular-therapy. "Attenuated virus," "animal extracts," and even "antitoxine solutions" will

* Cellular-therapy, the name applied by Aulde to the method in therapeutics of exhibiting properly-selected medicaments with a view to restoration of cell-function. It aims to apply scientifically those remedies that experience has shown to possess special curative properties in the restoration of disordered functions. Gould, an Illustrated Dictionary of Medicine, Philadelphia, 1894.

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eventually find shelter under the expansive canopy of cellular-therapy, but "anarchy" and "chaos," *never!* Just a word in regard to antitoxine solutions. Behring, quoted by Professor Welch, of Johns Hopkins Hospital, succeeded in so charging a horse with the tetanus antitoxine during a period of two years that he estimated that a single cubic centimetre of blood-serum from that animal would be sufficient to secure immunity from tetanus to *five hundred thousand mice.*

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[Cellular-therapy is all right as long as it is conducted along legitimate lines. The theory, to which this term has been applied, is perfectly rational; but when it is intended to countenance, under this name, the administration of systemic poisons like the antitoxines, animal extracts, etc., the editor feels called upon, as a lover of medical science and a friend to the best interests of the profession, to protest with all the energy of which he is capable.—ED.]

Treatment of Typhoid Fever.

In writing upon the treatment of typhoid fever, I am conscious of the fact that many physicians still adhere to the mercurial or so-called specific plan of treatment, and in many periodicals we find some writer recommending calomel in enteric fever. Others, again, recommend quinine in large doses to bring down the temperature, and thus hope to cut short the disease. To me, the above seems ridiculous and uncalled for, as the injurious effects of quinine, in sufficient doses to reduce the temperature and keep it down, and the continued use of calomel certainly outweigh the benefit that may be derived from their use. There may be some who will take issue with me, but experience has led me to the conviction that typhoid fever can be successfully treated with other remedies without any unpleasant sequelæ to follow their use.

As we are limited to space, I shall not here enter into a discussion on the merits or demerits of quinine or calomel in the treatment of this disease, but shall content myself by giving you my experience and mode of treatment during the past nineteen years, during which time I have treated seventy-three cases of typhoid fever with but one fatality, and this case was convalescent, but on account of improper diet took hemorrhage of the bowels and died, after he had been out of bed for ten days.

I have no specific to offer in the treatment of typhoid fever, but I lay as much stress on the hygienic as on the medical treatment.

1st. *Hygienic.*—If possible, place the patient in a large well-ventilated room, so that he may get plenty of fresh air. Allow but one person (the nurse) with him, and keep the friends away as much as possible. Enjoin cleanliness, keep the patient washed twice daily with vinegar and water. Disinfect the dejections with carbolic acid. As to nourishment, I insist upon feeding my patient; to impress the importance of this upon his mind I usually state to the patient if he will drink plenty of milk I will do the balance. I prefer milk to all others, but usually alternate it with beef tea. Mutton and chicken broths may be used but I place my main reliance upon milk, and I urge the importance of giving plenty of it. I have never had a case of typhoid fever where they drank too much milk. I feed every two hours regularly, and if possible a tumblerful of milk at a time. If the patient craves for more solid food, I allow him, at the mid-day meal, a soft-boiled egg. There are times when the patient is weakest, as in the early morning. Be sure and feed him between four A. M. and five A. M. Even wake him at this time to feed him. Allow a liberal supply of water, and when the tongue is dry and parched, I allow him to suck ice and swallow it.

2d. *Medical Treatment.*—I use iodine, carbolic acid, turpentine and the mineral acids in all cases of typhoid fever, and use them from the onset. I usually prescribe:

R. Spts. Terebinthinæ ..... 2½ drachms.
Acid. Sulphurici ..... 2 drachms.
Glycerini ..... 4 ounces.
Elixir Simp. ..... q. s. ad ..... 8 ounces.
M. Sig.: A teaspoonful every three hours in a little water.

Also:

R. Acid. Carbolici Puræ ..... 1 drachm
Tinct. Iodi ..... 2 drachms.
M. Sig.: Three drops every six hours in water.

The turpentine and acid mixture is continued throughout the disease, while the carbolic acid and iodine is only used

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from ten days to two weeks. Do nothing else if you can possibly get along without, but guard against complications and treat them immediately as they arise. Diarrhea is generally the first prominent symptom to be noticed, usually the sulphuric and carbolic acids keep the bowels under control, but when there are more than three stools in twenty-four hours, tinct. opii camph. generally controls them. If this fails, use bismuth subnitrate and opium.

For the tympany, injections of vinegar, one to two ounces, to water, one pint, are good. Cold applications are good. The internal use of turpentine is beneficial. A turpentine stupe over the bowels twice daily is very beneficial.

I never prescribe expectorants for the thoracic symptoms, the internal use of turpentine is generally sufficient where there is marked fever associated with congestion. When there are large accumulations of mucus, I usually give aromatic spirits of ammonia.

To sustain the circulation, alcohol is best, repeated in small doses to keep up the heart's action. The first sound of the heart is the key to the amount required. The pulse of one hundred and fifty may come down to one hundred and ten under the use of stimulants, but stimulants are seldom needed until the end of the second week, and when the patient drinks plenty of milk from the onset they are sometimes never needed.

For delirium and headache, opium is the remedy, alone or combined with camphor, or with belladonna, or with bromide of potassium.

For high fever, cold water is best. Sponge the patient off with water and vinegar. If this fails, wrap him in a wet sheet or blanket. I have never had a case where I could not control the temperature with cold water.

For intestinal hemorrhage, ergot and gallic acid is the remedy, and the success of it depends upon the dose given. Do not be afraid of it. Give fluid extract ergot, two drachms, gallic acid, twenty grains, every hour until three or four doses are taken, and then half the dose.

Opium is indispensable to keep the bowels at rest. In a recent case last winter my patient had three hemorrhages of the bowels in that many hours. I was present when he had the first, and gave him ergot and gallic acid as above mentioned; also one-third grain of morphia. It had the desired effect, and at the end of twenty-four hours I discontinued this treatment. About a week later he had hematuria, passing almost pure blood from the kidneys, I used the same treatment with the same good results. During hemorrhage, I always cut down nourishment and stimulants.

Should the patient have parotiditis, ice is the best treatment. Also give iron to enrich the blood.

For functional paralysis, use strychnia.

Alpena, S. D. D. F. ROYER, M. D.

Maternal Impressions.

As the other brethren have been reporting cases of monstrosities, etc., I have one to give that appears to possess considerable interest with regard to the power of women over their uterine productions.

On the 6th inst., I was called to Mrs. Anderson, who was in labor with her fourth pregnancy. Found the greatest distention from the waters I ever saw. After rupturing the membranes and giving her a few hours' rest, she was delivered of a female fetus, with well developed body and limbs, but the cranial development was entirely wanting. The face, eyes, mouth and nose were moderately well formed, but the portion of the scalp usually covered by hair was gone, and looked like it had been torn away by a gun-shot wound. It resembled the head of a squirrel after having been torn off by a rifle ball. There were no cranial bones, nor brain, and the edges of the wound were ragged with strips of skin hanging, just as is the case after shooting a squirrel, even to the color the torn head of that animal would present one or two hours after being shot.

On inquiry I found the husband had been in the habit of shooting and bringing in those little animals, for the purpose of preparing them to cook, but the patient stated that the fact had made no special impression on her mind.

I take several journals, but the BRIEF is my favorite.

E. M. JENNINGS, M. D.

Dallas, Ark.

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Careless Diagnosis.

Last August, I was called to see a young married woman, who was visiting in this town. She was the mother of one child, a fine, healthy appearing babe, about eight months old. Labor had been normal and recovery excellent. About three months after confinement, patient's health began to decline, she was easily fatigued, lost flesh gradually, bowels constipated, slight dyspnea, and some palpitation of the heart, headache, extremely nervous, and at the time of my visit scarcely able to walk about the house.

Patient said she had been treated for three or four months by another physician for "ulceration of the womb." She said the doctor had not used instruments, either in the way of examination or treatment, but said he could tell she had "ulceration by the odor of the examining finger." Suspecting that the symptoms might be due to vaginal or uterine trouble, I made a very careful examination, but could detect no evidence of existing disease, or that disease had existed in those parts. My diagnosis was general systemic depression from overwork. Prescribed pepsine, cascara sagrada, and syr. hypophosphites comp. Patient showed improvement in a few days and in six weeks said she was as well as ever.

The patient never inquired whether my comprehensive diagnosis was scientifically correct, but she firmly believes that one doctor in whom she once reposed great confidence, worse than swindled her by cloaking his ignorance under the guise of excessive knowledge.

Last fall, I was called several miles into the country to see a young man who had been sick for two or three days. Bowels constipated, some vomiting, nausea, and pain in the bowels, with much soreness and hardness at McBurney's point. I diagnosed perityphlitis, gave opium and advised the parents that an operation might be necessary. My health not permitting me to continue the treatment of the case, two other physicians were called, who concurred in a diagnosis of typhoid fever. The patient continued to grow worse for several days and his recovery became very doubtful. At this juncture, a hired man, who had partially understood my diagnosis asked one of the doctors in charge "about that abscess in the side." "Abscess in the side," exclaimed the doctor in derision, "there's none there." "But there is," persisted the hired man, "Dr. L. said there would be, and I have examined it myself." The doctor then examined the point indicated and found a "tumor" that fluctuated. The next day he and his colleague opened the "tumor" and evacuated a quantity of pus. The patient was soon convalescent.

Recently, I was called to see a patient who had been sick with the mumps for eight or ten days. In common vernacular, "they had gone down on him." When I first saw the patient, the swelling of the testicle had subsided, but there was extreme cephalalgia, temperature 102° to 103.5° F., contracted pupils, infected sclerotica, nausea, vomiting, constipation, wakefulness. Diagnosed metastatic meningitis. The next day, without my consent, a consultant was sent for. He arrived during my evening call; counted the patient's pulse, but did not examine the eyes, look at the tongue or make any special inquiry into the patient's condition. "This," said he to the patient and his wife, before we had retired for consultation, (?) "is one of those peculiar cases of neuralgia which are often hard to understand, but from my long acquaintance with Mr. F., I underderstand it at a glance." I had some difficulty in convincing the doctor of the correctness of my diagnosis, but he finally yielded. The consultation was a serio-comic farce. The next morning I could give the patient but little encouragement, that is, he was no better. I did not consider the case a very bad one. That day this same doctor was sent for again without my knowledge. When I learned of the fact, I immediately severed my connection with the case. The patient grew worse, but finally recovered.

The doctors who, through almost criminal carelessness, made these erroneous diagnoses, are declared by the State to be learned and competent medical men. I am inclined to believe, however, in spite of the fact that some physicians think the sick are not capable of choosing their own doctors, that there are no

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more fool doctors than fool patients, and that if the fool patients want to have fool doctors, in heaven's name let them. It is one of nature's provisions for the "survival of the fittest."

The editor of the BRIEF is certainly right, when, in the June number, he attributes the increase in the death-rate from pneumonia to the bacterial fad. This professional octopus has slain its tens of thousands in the sacred name of science, while those who nourish it, clamor for legislation to protect the public from ignorant and incompetent doctors. "Consistency, thou art indeed a jewel!"

I have practiced medicine sixteen years and lost but two cases of pneumonia; one complicated with measles, the other with whooping cough. I have depended on aconite, veratrum viride and digitalis.

J. W. LOCKHART, M. D.

St. John, Wash.

The Opium and Other Habits.

Less than twenty years ago, there were estimated to be nearly two hundred thousand persons addicted to the habitual use of opium or morphine. Now it is claimed, and conservatively, that there are over three million slaves to this destructive habit. An alarming increase, certainly. The medical profession has been and is receiving a vast deal of censure for this; an amount of abuse not warranted by the facts; yet I must think, while I submit a general denial, a few are responsible, perhaps criminally so, from recklessness.

About fifteen years since, some one, anxious to appear in print, published in a medical journal the statement that the habitual use of opium would "check the ravages of consumption"; advising this to the exclusion of other remedies. This statement was copied into (a few) other medical journals, finally finding its way into the secular press; and, it were impossible to fully estimate the great harm resulting from its publicity. In my practice (limited to diseases of the lungs, throat and catarrhal diseases) I had, I think, more than ordinary opportunities for observing the extent and danger of this habit. A large percent of the number of cases consulting me for phthisis, whose histories showed clearly that from legitimate treatment were certainly on a fair road to health, fell into this trap, and actuated by that desire for haste that characterizes the consumptive, grabbed at this "straw." The number, who of their own volition resorted to this habit, for the habit was encouraged, was largely increased by the advice of a few over-credulous physicians. I may at some future time give a fuller statement of my investigations and conclusions as to the fearfully dangerous effects of this baneful habit, if desired; but must say here that it is productive of positive harm and only harm without one compensating good. I would sound an alarm, though I be called an alarmist.

I am led to this by an article in the May number of the *Medical Summary*, contributed by a Philadelphia physician, in which he claims that "the habitual use of opium is *never* productive of harm, etc." I am surprised at this statement emanating from one standing in the light of several great medical colleges, with their ample clinical advantages. Can it be possible that this doctor is sowing, purposely, that the many sharks, ever ready to bleed the unfortunate may reap a richer harvest in curing (?) this destructive habit? God forbid! The opium or morphine habit, as also the tobacco and whisky habits, causes a wasting or degeneration of the spinal nerve cells, impairing the functions of every organ over which the accessory spinal nerves are distributed; the secretions are locked up; the factors of elimination are checked, and the blood, usually spoken of as the life, becomes a carrier of the elements of death. The entire nervous system is destroyed.

Are these habits curable? I reply, yes. Many of the so-called cures, however, are merely substitutes, containing opium or some of its derivatives, and only disappoint, after discontinuing their use. No treatment can effect a cure of this habit by simply affording a substitute. As soon as the patient ceases its use, the great nervous depression, resulting from excessive nerve waste, asserts itself and again drives the victim to the old habit. A treatment to cure must provide for a rebuilding of the wasted nerve tissue. As one result of my inves-

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tigations, I secured a treatment that satisfies these conditions fully. It breaks up the habit, corrects the appetite and restores the patient to mental and physical vigor, if, in connection, there exists no organic lesion that would necessarily prove fatal. The formula for this treatment I will be pleased to furnish to any physician who may want it, and who will enclose a self-addressed envelope.

I am not engaged in the manufacture of any antidote for these habits, in any form, for sale to the physicians; but wish to furnish it only to physicians, who, I think, will make proper use of the same, and who want it. Any physician can easily fill it, and can procure the elements or components from any well-stocked drug house.

Doctor, keep this class at home, treat them yourself, don't send them away to be bled; besides you can do them and yourself better service. This treatment is successssful, equally, in the cure of the whisky, tobacco or chloral habits.

Lafayette, Ind. J. P. KOONSE, M. D.

Medical Topics.

Feeling in rather a chatty mood, I thought I would have a little visit with the much-prized BRIEF writers—who from time to time make glad the heart of the poor doctor (like myself), whose opportunities for often-needed consultations are sadly wanting in a new country like Western Sunny Kansas. I do not know of a journal in this wide, wide world that brings so many *practical* thoughts, friendly and timely suggestions to the very bedside of our patients, if you will permit the expression, as does the good old BRIEF.

In the every-day practice of our chosen profession, the doctor must indeed be a phenomenal chump who does not glean many thoroughly practical clinical facts, not to be found in any text-book, and by giving these discoveries to our professional brethren through the BRIEF, we can not calculate the amount of good we do to pathological humanity and the family physician. Many doctors (be it said to our disgrace), jealously guard these secrets for strictly financial reasons. While the thoroughly progressive, open-hearted doctor gives his discoveries to his professional brother, thus greatly benefiting humanity and endearing the giver to the profession at large. Looking forward each month for the coming of the BRIEF reminds one of waiting to greet a very dear friend by whom we expect to have our social and professional knowledge greatly enhanced.

Has it ever occurred to the profession that plain, every-day *ripe tomatoes* are not only nutritive, palatable, laxative and antiscorbutic, but possess marked aphrodisiac properties? This is a clinical fact, which it is well to bear in mind.

I have recently learned that hyoscyaminæ sulph., one one-hundredth grain, is the sheet anchor in puerperal eclampsia, after chloroform, morphia sulph. and Norwood's tincture veratrum viride had utterly failed to give relief. My case was similar to the one reported by Dr. B. D. Caldwell, in June BRIEF, except that my case had had violent convulsions for twelve hours previous to my arrival. I at once proceeded to deliver with forceps, and succeeded well, but to my consternation the convulsions became more frequent and decidedly harder. I at once gave hypodermically the above remedy, and repeated the dose in one-half hour, which completely stopped the convulsions. Mother and child contrary to my prognosis came out all right.

I would kindly advise Dr. Wharton, Whigville, O., in his case of enlarged tonsils, reported in June BRIEF, page 708, not to fool with the inevitable, or medicine either, but have the tonsils removed at once, you know the way to cure anything, my good brother, is to *remove the cause* and a tonsillotome, with a spray of four per cent sol. cocaine to make the operation painless, will in two minutes remove the cause of all his trouble. In two hours more the boy will be playing around as usual.

In Dr. McDonald's case, reported on page 710, June BRIEF, I would diagnose worms, either round worms or tenia. Try the following, it will do no harm, nor will it conflict materially with what the editor of the BRIEF recommends for hysteria, as per his diagnosis.

R. Olei Terebinthinæ ..... ½ ounce.
Olei Ricini ..... 1 ounce.
M. Sig: Take at one dose, and repeat in four hours if necessary.

I had a case something similar a few years ago that I diagnosed almost every-

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thing, from lockjaw to multiple-cerebro-spinal sclerosis, but after a good old grandmother told me it was worms, I took the hint and cured the boy in short order.

I have read everything pro and con concerning that antediluvian moss-covered code of ethics, and wonder what the American Medical Association, at San Francisco will do with that old relic of the days when bleeding was the sheet-anchor of medical science, and honestly hope its fate will be as one kicked into utter obscurity. It has, along with the Hippocratic oath, outlived its usefulness, if it ever had any, which I seriously doubt. This is an age of advanced thought, both medical and surgical. We need to shake off the cobwebs of antiquity, jealousy and damphoolishness, and labor only for honorable success in our beloved calling; learn to treat every physician as a brother, be he either Regular, Homeopath, Eclectic, Physio-Medical, Hydropath or what not, so he is a gentleman, and is honest in his convictions as to the treatment of disease. Surgery, chemistry, etc., are alike in all schools of medicine, yet we split a hair, so to speak, on the plan of healing the sick.

I noticed in a recent publication that the Homeopaths and Physio-Medicalists of Chicago, had scored a great victory over the rulings of the Illinois State Board of Health (the censors of the balance of the earth). These two very good schools were declared by this octopus to be in bad repute; but the celebrated judge before whom this matter was discussed, rendered the decision that both schools were in good standing, and that the Illinois State Board of Health had erred in assuming powers they did not possess.

The hue and cry that we hear ever and anon, almost to *ad nauseam*, is for more stringent laws to regulate the practice of medicine. Ye Gods! how the dear people must have suffered in the last decade for want of such restrictive laws. (!!) Even my own beloved State (Kansas), is now in contortions and chewing the "rag," to use the parlance of the street, because of the insufficiency of medical laws. Ohio has just got over a severe spell of the jim-jams, in trying to exclude all doctors but "our kind." but, alas, the sensible legislators of the great Buckeye State just quietly sat down on the instigators, and said by their acts that we are thoroughly satisfied, that it *is not* the dear people who want this protection, but a few fanatical doctors. Shame on you followers of Esculapius in any State, who virtually acknowledges by his ranting for medical legislation, that the so-called quacks and hated irregulars were more successful than he, and that the dear people employed the quacks in preference to him, thus making sad havoc with his finances, that the said dear people must be protected. Ye Gods! what a travesty on the high and noble calling of a physician! I always think, and it is but reasoning from cause to effect, when I read of doctors importuning the powers that be for a more stringent law regulating the practice of medicine, that they are running a little shy on legitimate practice in their own bailiwick and need this protection (!) in their own business, that the dear people are strictly not "in it."

I hope the intelligent readers of the BRIEF will not accuse me of over-drawing this picture, for it is only the plain, unvarnished truth. I am a regular from away back, but the kind of one that says: God speed the quack that can cure more diseases than I can. I believe that every tub (doctor) should stand on its own bottom. I believe in higher education, better churches, better schools, more advanced thought, more humanity towards man, less jealously amongst doctors. I believe the plan to get rid of the quacks is for us to put our shoulders to the wheel of scientific research, and then the dear people will flock to us naturally and honorably. You know, doctors, that it is simply human nature for the common herd to take sides with the under dog in the fight.

Leoti, Kan. A. R. KNAPP, M. D.

Epilepsy.

Will the readers of the BRIEF send me their names (with stamp), if they have any epileptic cases in their practices. I may be able to render them aid.

I have taken the BRIEF for twelve years and could hardly do without it.

Fond du Lac, Wis. W. TOWNS, M. D.

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The Extraction of Teeth.

We should not despise small things. To stand off and see others have teeth pulled may seem like a small thing, but to experience the ordeal personally is quite different. That it is a thing to be much dreaded has been my experience. Having lost several molars myself in this hard and long-to-be-remembered way, I can speak from both practical and personal experience.

Below, I give a good formula for the extraction of teeth, which is not original with me, as I got it out of the BRIEF some few years ago, and if the author sees it, I surely give him all the credit for the formula. My reason for writing it up again is that a great many others, like myself, see many good things in journals and fail to make note of them or file them away for future reference, a gross piece of negligence in most of us.

R. Cocaine Hydrochlor ..... 10 grains.
Morph Sulph ..... 10 grains.
Chloral Hydrat ..... 10 grains.
Acid Carbolic ..... 10 grains.
Aquæ Rosæ ..... 10 drachms.

M. Sig.: With a good hypodermic syringe inject, slowly and carefully, about twenty drops, equally divided on each side of the tooth.

Within three to five minutes you can proceed to take out the tooth. It is best to give a good drink of whisky before injecting the mixture, but not having the whisky always at hand, I more frequently use it without. It is very seldom indeed that I make anyone the least sick with this; if so, lay the patient down in a cool place where he can get fresh air, let him inhale strong camphor, bathe his face with the same; give a little stimulant of some kind, and in a few minutes he will come around all right. I would not much advise the use of this, except with the greatest precautions, on children under fourteen or fifteen years of age, as it is more apt to make them sick.

This does not render tooth pulling altogether painless, for there is nothing of the kind that will when the roots of a large molar are leaving the "old homestead;" but it will enable one to cut around the tooth without pain and adjust the forceps deep and well, which is really one of the most important factors in extracting a tooth, as the other part of the operation, when skillfully done, as a general thing, is soon over, and to pull a tooth you must be sure and get a good hold on the sound part of the tooth or you will break them all off, and then the last stage of that man is much worse than the first.

I will not go into all the little details of extracting teeth, as it would take too long, nor am I writing this for dentists or those who have access to dentists, but for my brethren who, like myself, have to be dentist and doctor also.

The BRIEF being a practical journal, I give this as the result of my many years experience in the extracting of teeth, and to add my testimony to the merit of the above formula, thanking the author for publishing it in the BRIEF.

The BRIEF is like unto a great camp-meeting, in which we can relate our experiences, trials and tribulations. What the busy doctor wants is some theory, when he has time to read it, and a heap of short, plain, practical facts.

I see some in the BRIEF who write, not to correct, but to criticise harshly, someone simply because he advances some idea different from their own views. This is not objectionable when done in the right spirit and with the right intention. I think these differences of opinion should be discussed with a good motive in view, not a desire to pounce down on someone because he is a little wrong or differs a little from you in his ideas, and try, to the fullest extent, to expose him to ridicule and cover him with confusion because he is at a safe distance. "Time and place often renders timid men brave." This is not doing unto others as we should have others do unto us.

An old soldier, once upon a time, told me that there was nothing like kindness.

JAMES A. SMITH, M. D.

Chattoogaville, Ga.

A Case of Appendicitis That Was Not Appendicitis.

It is now pretty generally thought that there is no such thing as pericecal abscess; or suppurative perityphlitis; that all suppurative inflammations in the "southwest corner of the abdomen" are primarily due to appendicitis. It is quite probable that a large proportion of cases formerly diagnosticated as typhilitis and perityphlitis can be and should be

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grouped under the head: appendicitis; but, I am sure that perityphlitic abscess is quite common without any involvement of the appendix vermiformis.

A case that came under my observation and upon which I operated some days ago, most forcibly illustrates the correctness of my assertion. I was called by telegram from Dr. J. E. Jewell, of Moran, Kansas, to make a celiotomy. Upon arrival, I found the patient, a young man (nineteen years of age) in profound collapse. His skin was cold and clammy; his pupils widely dilated; pulse fifty and very feeble; temperature 97° (a little under 97°), and evidences of perforative peritonitis. In the region of the appendix a large mass could be felt, very tender; and he gave a history typical of appendicitis of exactly one week's duration. McBurney's point was well marked. I, therefore, made a diagnosis of perforative appendicitis and advised immediate operation, with chances decidedly against recovery. Upon opening the abdomen by an incision parallel to Poupart's ligament and extending about two inches above the anterior superior spinus process of the ilium, the head of the colon presented, and a normal appendix was revealed! Back of the cecum and to its outer side was a large abscess, and in the gangrenous side of the cecum a hole through which I could stick my finger without trouble. The pus was sponged out, the edges of the hole in the cecum carefully trimmed and sewed together, raw surface to raw surface, and not mucous coat to mucous coat, as will be the case unless the operator is careful. The healthy appendix was ligated and removed, to prevent any further trouble, and irrigation of the whole abdomen practiced to the extent of several gallons. The diseased gut and abscess cavity were then stitched into the wound, the parietal peritoneum being turned inward to shut off the general peritoneal space. The cavity was hastily packed with gauze and the usual antiseptic dressing applied. The patient rallied well, having a temperature of 98¾° and a pulse of seventy, two hours after the close of the operation. His subsequent history, so Dr. Jewell writes me, has been very satisfactory.

Here was a case which presented the characteristic symptoms of appendicitis and a typical history of that disease; yet the appendix was found in a normal condition. There can be no doubt but many cases of typhlitis recover under the saline treatment; a less number of them under opiates; it is possible, indeed, that a few cases of appendicitis get well without operation; and quite probable that numerous gangrenous appendices (which we very properly remove) become so secondarily to typhlitic or perityphlitic inflammation.

Practically, however, it matters little; *for the indications are imperative for operation whenever there is evidence of pus formation in the right iliac region, and whenever symptoms of perforation arise*—even in cases of apparently simple catarrhal inflammation; and all cases of recurrent appendicitis *must* be operated upon—in the interval between paroxysms if possible.

EMORY LANPHEAR, M. D., PH. D.,
Professor of Operative Surgery and Clinical Surgery in the St. Louis College of Physicians and Surgeons.
2600 Gamble St., St. Louis, Mo.

Rheumatism.

Having read with interest Dr. Gillespie's article in the June BRIEF on "Sure Cure for Rheumatism," I sent to him for a supply of the remedy there referred to. He sent me a pint of the liniment with directions. I employed it in a case of chronic rheumatism in a gentleman aged thirty-five, who has been afflicted for ten years. He is greatly improved, and continuing at present rate, will be entirely cured in a short time.

In the case of an old lady, who has had chronic rheumatism for two decades, I have also gotten excellent results thus far.

Had an opportunity to make a few applications to a case of chronic eczema of the fore-arms. The disease is rapidly disappearing. Am more than pleased with its action. I believe it will do all the doctor claimed for it and perhaps more. I hope its origin may be thoroughly investigated, and that he will be able to obtain it in quantities sufficient to place it in the hands of every practitioner.

W. R. CLEMENT, M. D.
Maryville, Kan.

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Notes and Comments.

There are many things in the June BRIEF worthy of attention. Prof. W. F. Waugh's surgical treatment of impotence (page 678) may start a new line of thought and investigation on this subject, and it may be found that many cases can be cured, or relieved for a long time, by his plan of treatment. If nothing more, it gives us direct proof of at least one of the causes (not original cause of course) of impotence; that is, venous blood carried from the penis too rapidly. I hope Prof. Waugh, and others, will continue to investigate this subject, and not give it up even if some failures result. There is something in it worth studying and trying.

On page 680, Dr. W. R. Gillespie gives us an article on rheumatism. If the medicine is as valuable as he seems to think, he has shown himself a true physician in trying to give his remedy to the profession instead of attempting to make a fortune by unprofessional methods. No true physician will keep from the profession a remedy which may be of much value to suffering humanity. I hope he will continue his efforts until he ascertains the name, etc., of the medicine and then publish it to the world.

On page 687 is a short article on hemorrhoids. Treating piles by injecting styptics is quite popular now, though many physicians oppose it bitterly. It is not by any means a certain cure; but there are many cases that can be successfully treated in this way with very little trouble to the doctor or patient. Properly used, there is no more danger than there is in the ligature. Let us hear from others on this subject.

On page 689 are some wise suggestions on pneumonia, and every one should read the first paragraph of the article entitled "Narrow Minds." Not only in medicine, but in every other profession and in every walk of life, we find too many possessing narrow minds. Want of liberality is very objectionable, and one not possessing a liberal supply is unfortunate. We should cultivate a liberal spirit. A narrow-minded man is never a perfect physician.

The questions (page 690) on bacteriology are worthy of study. After all that is said about it, what is it but "much ado about nothing?"

"Stretching the os over the vertex" (page 698) has helped me in many a case of uterine inertia, but the red pepper poultice is a new idea altogether to me.

On page 701, Dr. E. H. Gillett tells of several cases of retained placenta, cases in which the placenta remained seven or more days without injury. I would like to know what means he used at the time of the birth of the child to remove it. While the retention of a placenta for many days may do no harm, yet it is, to say the least, running a risk which we should, if possible, avoid.

There are many other good things in the June number, but I have not time to notice all. C. KENDRICK, M. S., M. D.

Kendrick, Miss.

Dr. Snow and Erysipelas.

Dr. Snow, of Alabama, in June BRIEF, writing on erysipelas says: It is *always* good practice to commence on tincture of iron at once, and give it in twenty drop doses every three or four hours.

Now, whilst I admit that tincture of iron is very often the remedy, I know, beyond a doubt, that it is not *always* the remedy, and will not only fail to give relief in some cases, but do an actual harm in many cases. This is not from "authority" that I write, but from actual experience; and the physician who sails out with the expectation of meeting the indications in every case with any one remedy as the base of his medication will sooner or later find his empirical boat turn bottom side up. Would the doctor expect to meet a case of erysipelas associated with a dirty white, a full pale tongue, a blue or any grade of pallor, with the one remedy—tincture of iron? If he can, what then do these various shades and shapes of the tongue represent as abnormalities?

My opinion, from many years' experience, is that the physician who pins his faith upon the opinion that any single remedy will invariably meet the pathological conditions of a given disease, is in a fair way to soon become clamorous for medical legislation that will isolate his more successful brother.

C. D. R. KIRK, M. D.

Shuqualak, Miss.

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THE MEDICAL BRIEF

J. J. LAWRENCE, A. M., M. D.
PROPRIETOR,
NINTH AND OLIVE STREETS,
ST. LOUIS, MO.

Vol. XXII. September, 1894. No. 9.

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Immunity.

What is immunity?

At the present time this word, like charity, covers a multitude of sins or mistakes rather. Each time that the bacteriologist fails in his experiments, he explains his error by attributing the result to immunity. Moreover, a few enthusiastic experimenters in therapeutics propose to revolutionize the treatment of infectious diseases by producing artificial immunity at will.

Immunity from disease simply means freedom from disease. We do not know why any one animal or man should be immune, we simply know the fact.

Immunity is of two kinds, natural and acquired. Concerning the former we know little; the latter is said to be due to certain indefinite changes in the blood brought about during the progress of a malady and common only to the infectious diseases.

It is proposed that this latter hypothesis shall be utilized in the prevention of disease by producing artificial immunity. It is argued that the blood of one who has acquired immunity will, upon inoculation, confer a like property upon another.

Let us think about this a little. A person who has had syphilis is said to be immune from that disease, but is there any one who would like to be inoculated with syphilitic blood even as a certain prophylactic against that disease? Diphtheria, scarlet fever, typhoid fever, anthrax, etc., are all infectious diseases, but do they leave behind them such buoyant health that understanding individuals would be content to be contaminated with this immune (?) blood?

Disease is not a natural process and always leaves a scar. No one desires to have sensation destroyed in order that he may never suffer pain.

Natural and acquired immunity are two very different things. Disease is always the result of poor heredity and wrong living. Natural immunity is the result of intense vitality and hygienic living, while acquired immunity is due to such a prostration, such a deadening of the vital processes that they are no longer quick to respond to either good or evil influences.

In short, it may be set down as a very simple axiom in all our experiments and investigations that, the further we depart from nature, the more we become artificial in our methods, the further we shall finally have to retrace our steps.

Medical Drones.

Evolution is not the forward march of a large aggregation of people, but the development of the individual units which constitute the body politic. Intellectuation is not an isolated power of the mind but the varied result of the combined functions of the gray cells of the brain.

So it is with medicine. The progress of this science is the sum total of the mental acquirements of each and every individual member of the profession.

Doctor, are you doing your part as an integral constituent of this great body? If not, you are living on charity, a

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beggar at the table of the rich, obstructing natural function as does the rusted link in some great machine, or the inert, devitalized cell of an organ.

Hydrophobia.

During the past year, one thousand six hundred and fifty-two persons bitten by rabid animals have been under treatment in the seven Pasteur stations in Russia. Of these forty-two died of hydrophobia. This means that forty-two cases of genuine hydrophobia were treated, while one thousand six hundred and ten patients suffered from a simulation of the disease due to auto-suggestion.

A Common Sense View.

The statement is frequently made by the would-be Solomons in the profession and medical journals of doubtful financial standing, that medical editors, having extensive advertising columns, speak highly of "proprietary" medicines because they draw financial sustenance from this fount, and that the question of merit "has nothing to do with the case."

It is true that reputable medical journals do not donate advertising space gratuitously. It requires money to successfully edit a good journal, and it requires a strict application of business principles to make any enterprise successful; but to assert that advertising space is let indiscriminately, regardless of the merit of the preparations appearing therein, is a base slander.

Many journals habitually refuse advertisements which they can not conscientiously endorse. Not long since the MEDICAL BRIEF was compelled to refuse a very handsome offer for space because it could not afford to advertise preparations which it felt were inimical to the best interests of the profession, and which it was compelled to condemn in reading columns.

To say that a medicine is proprietary is like waving a red rag before a bull to a certain element in the profession (happily small). We confess we can not see the sense in this. To say that it is proprietary simply means that it possesses a name to distinguish it from similar preparations, and to prevent infringement upon the rights of the maker and the substitution of inferior remedies to the doctor. Is this not perfectly legitimate? If the manufacturing chemist prepares an article of superior merit, it takes money, labor and time, and it is fair that he should have some return.

The idea so generally prevalent that the whole medical profession is a charitable organization, and that it is rather disgraceful than otherwise to accept compensation for medical services, has borne very hard upon the doctor and greatly retarded medical progress. It is about time such a mistaken conception was exploded and the matter brought down to a common sense basis.

Infectious Agents.

The differences among bacteriologists as to the specific microbe which produces a disease are easily accounted for.

The bacteria, themselves, are not infecting agents, but simply act as carriers of the infectious virus, and this is why it is that inoculations of different cultures of bacteria will produce the same disease, and also explains their decreased virulence as the result of artificial propagation.

Duplex Treatment.

There are two avenues through which we may attack disease, mind and body. To divorce them is to cripple therapeutics and imperil success. Therefore, in treating obstinate, rebellious cases, we must inquire into the mental life of the patient as well as his physical status.

Vitality is inherent in the cell but the cell is governed by the nervous system; the nervous system, in turn, must be nourished, and so the cycle is endless, the two factors inseparable.

It is not enough when a patient, who is neither sick nor well, consults you, to look at his tongue, feel his pulse, tell him he is all run down and give him a tonic. Inquire into all the circumstances which go to make up his life; probe skilfully and deeply until you find the cause of the trouble, whether it be a moral ulcer or indigestion.

Treat his mind with scientific, conscientious advice, his body with the necessary drugs. Your resources are thus doubled; your patient's confidence won, your reputation enhanced and your cure made more certain.

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The Commercial Tempest.

We have always been told that in union there is strength. Is this really true or do we only believe it because we have heard the statement so frequently repeated. These questions are brought to mind by the present agitation in the commercial world.

The avowed purpose of labor organizations is the protection of the workingman's interests through the strength derived from union. What are the workingman's best interests? Steady work and liberal wages. How are these to be obtained? By strikes and boycotts? No. The strength of a union too often means violence, war, oppression.

History clearly shows that evolution is better than revolution. Skillful work at all times commands steady employment and good prices, for it is something of a rarity in every avocation.

If the workingman, high or low, would make a personal application of the law "survival of the fittest," would devote his spare time to the perfection of his business, however humble it may be, he would have no need for an organization to protect his interests, and the money which such membership costs could be devoted to the comfort of his family.

But idleness, alcohol and denunciation require less effort, and compulsion, the natural, barbaric solution of vexed problems, sanctioned by custom, but every now and then rebaptized.

The relations between labor and capital have distressed every age, and will continue to vex the mind of man until the enlightenment of the masses and the moral evolution of the wealthy have progressed to a point where they can meet on the level plane—justice—for arbitration of differences.

The discussion of this topic may not, at first glance, appear germane to the interests of the medical profession, but the mutual dependence of the various vocations and the relations of national prosperity to national health, make the present situation of absorbing interest to all thinking, progressive men.

Medicine and the Laity.

One of the most promising signs of the times is the very great interest shown by the laity in things pertaining to medicine.

Physicians have early recognized the wisdom of fostering this interest, and numerous well-written articles from the pen of eminent men upon matters relating to hygiene and the prophylaxis of disease appear in the secular press from time to time.

The health of a nation is the fundamental factor in its progress, and the physician the only competent teacher of nature's laws, but in the press of active practice, he finds no time to impart this valuable and much-needed knowledge. Therefore, the secular press does a great and good work in educating the people in the rudiments of healthful living.

And let it not be charged that the physicians who prepare such papers, do so for the prominence it may give them. They are usually chosen because of the superior knowledge they possess and the professional recognition it has brought them, and do not need such notice.

The Evolution of Bacteriology.

The more progressive among bacteriologists are converts to the belief that not bacteria, but certain ptomaines which they produce, are the cause of disease. They are growing, as the children say, warmer in their hunt for the etiological factors in the production of abnormal states.

When they go a little further and reason that these ptomaines are the result of faulty or excessive metabolism, loading down the blood with toxic, irritating substances which the liver can not destroy or the emunctories eliminate with sufficient rapidity, the search will become very hot indeed.

But even the first named change is a very beneficial one so far as therapeutics is concerned. There is not so much said about killing microbes by means of strong antiseptics, which also involves a still further devitalization of tissues whose integrity is already seriously impaired.

On the contrary, we hear active, eliminant measures strongly advocated. And this, with alteratives, a suitable diet, and whatever collateral treatment may be required to meet symptoms is all that is necessary in any form of disease.

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Protect Your Patients.

The rapid increase in the evil practice of substitution requires that the physician shall be constantly on the *qui vive* to avoid it.

After he has obtained the protection of an honest and competent druggist, he should bear in mind that honesty is sometimes the result of a patron's constant watchfulness, and familiarize himself with the smell, taste and appearance of the remedies he uses. He should then, make a practice of inspecting all prescriptions, when filled, which will assist him in detecting a substitution, and in doubtful cases, obtain samples direct from the manufacturer for comparison.

Diphtheria.

"In twenty-six cases of diphtheria the Lœffler bacillus was found in fifteen cases, streptococcus in three cases, and staphylococcus in eight cases."—*Ex.*

We do not desire to be too pressing in our inquiries, but would like to know whether the streptococcus and staphylococcus are considered to possess infecting powers equal to those of the Klebs-Lœffler bacillus, so intimately associated (in the imagination of some) with the production of diphtheria? If not, what caused those other eleven cases?

Microscopic Intelligence.

Members of the germ family display a singular degree of intelligence. For instance, if the bacilli of tuberculosis enter the lungs and fail to find suitable preparation for their reception, they contentedly wander around among the tissues of the body until they find more hospitable quarters.

What member of the medical profession feels competent to cope with so able and intelligent an enemy? But nature, so just, so wise, so simple, why has she not given us some protection against this invisible enemy which surrounds us on all sides, and which it seems impossible to reach?

Natural instinct warns the beast of the field to eschew poisonous herbs, our sense of smell warns us against infectious odors, sight protects us from tangible dangers, unperverted taste tells us that certain articles of diet are bad for us, appetite when to eat, drowsiness when to sleep, weariness when to rest, the tactile sense of corporal injuries. The integrity of the body is continually protected by nature's sentinels; but no subtle instinct bespeaks danger from the myriads of bacteria waiting around to attack and devour us before we are ready for the transformation scene.

Nature must have been so hurried near the end of her work that she overlooked the necessity for providing us with an additional sense to warn us against the approach of this most dangerous foe; hence, the imminent extinction of man. It is a great pity that the learned (?) scientist should know so much *that is not true.*

Alteratives.

All chronic diseases are characterized by deficient action of the glandular tissue, local or general. This explains why alteratives are of such value in these cases. They promote glandular activity wherever gland structure is found, whether it be the minute follicles of the alimentary tract or the largest organ in the body, the liver.

Most of these remedies, however, are decided irritants. They act by stimulating the cells as they pass over them, and stimulation is the first degree of irritation. Therefore the quantity of the drug must not be large, nor its action too long continued.

In this category belong iodine, arsenic, mercury, phosphorus and their congeners. They promote nutrition because of their exciting action upon glandular tissue, but their over use may produce paralysis of function and degenerative tissue changes. They are extremely useful in systemic poisoning from the infectious diseases, and in those cases of daily auto-infection, as seen in scrofula, phthisis and those whose functions are slowly and imperfectly performed.

Intolerance of these remedies is a valuable aid in planning a suitable treatment. For instance, if iodine preparations induce lachrymation and catarrh, we conclude that the glandular system is, in all probability, physiologically active; and if therapeutic doses of Fowler's solution cause vomiting, we know

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that gastric circulation is normal and the cells responsive. Sometimes too, one alterative will afford just the requisite degree of stimulation whereas another will be found too irritating.

Chronic diseases are the *bete noir* of a physician's life, and each case must be studied and treated on its own merits. For this reason anything which tends to throw light upon the subject is worthy of consideration.

The Baptism of Quackery.

We note, from an exchange, that thyroid extract is getting to be a cure-all. A prominent writer finds it useful in the treatment of syphilitic eruptions, eczema and chronic ulcers *in combination with calomel.*

We wonder what part the calomel plays in the treatment of the aforesaid lesions? Probably, it cures them in the simple, old-fashioned way common to calomel, for it is still found necessary, even among the most pronounced believers in this fad, to effect an occasional genuine cure.

The present therapeutic craze has about reached its zenith and the weather eye of the medical prophet will soon be casting about for something new which shall succeed it, for fashion has its devotees, not only in vanity fair, but among the exclusive, ultra-scientific element in the medical profession.

This baptism of quackery under the name of science reminds us of the practice of a certain religious sect, who rechristen a man on his death-bed that Jehovah may fail to associate the new name with crimes committed in the body.

We are reluctant to believe that medical men have willfully gone astray in this matter, but enthusiasm, unchecked by reason, is a poor guide. The calm, dispassioned judgment of the majority will prove the salvation of medicine at this era in its history.

A Revised Version.

There is a good deal of truth in the law of *similia similibus curantur.* Homeopathy has its errors, as have the other schools, but the thoughtful student will learn much by a careful review of the theory and principles which govern their medication. Homeopathists are close clinical observers, and have learned to associate certain symptoms with certain drugs with great accuracy. This practice is largely empiric perhaps, but when it is successful the ultimate aim of medicine—to cure—is fulfilled.

Of course it is more interesting to know exactly why you give a medicine—to have a mental picture of the pathology you are treating. One has a stronger grasp of the situation, a more thorough understanding of the case.

But has not the regular school unconsciously appreciated and acted upon this first principle of homeopathy? We do not apply it in the same way, it is true, but we have learned that the symptoms of disease are commonly the outward manifestations of the *vis medicatrix naturæ* at work. We recognize that the labor of this reflex intelligence is in the right direction, but it is slow and sometimes produces great shock, so we give a medicine which will do quickly what nature does haltingly and reduce shock to the minimum.

Why, else, do we give Epsom salts or calomel in dysentery, enteric fever and allied intestinal disorders, expectorants in broncho-pulmonary disorders, remedies to act upon the skin in cutaneous diseases, the kidneys in nephritis, etc.

Remove the cause of course, avoid the the conditions which produced the disease in the outset, but remember that nine times out of ten, nature clearly indicates the plan of treatment if you but read her signals aright. You may know convenient and successful short cuts; if so, well and good, but if not, try this revised version of *similia similibus curantur.*

Antiseptics.

The germ theory of disease is the father of medical nihilism. We do not know whence come microbes or where they go. They are found everywhere. It is impossible to kill them. Drugs strong enough to destroy bacteria, also destroy or seriously impair the vitality of the tissues. In fact, it has been found that mild, stimulating antiseptics, which exert but little influence upon bacteria, do most good in infectious diseases. And why? Because they stop fermentation and decomposition, the generation of

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noxious gases and corrosive fluids. It is asserted that antiseptics produce this effect by destroying or inhibiting the action of germs, but it is well-known that most antiseptics contain large quantities of oxygen in loose combination, and it is probable that the destruction of an infectious nidus is due to oxidation, a true combustion.

Always in the Lead.

St. Louis is the healthiest city in the world.

Unusual Cases.

I once attended a lady who had a miscarriage. The infant weighed two and one-half pounds. In two months it had gained one pound, weighing three and one-half pounds. A slight cough came on and spasms commenced lasting twenty minutes before the symptoms wore off, viz: discoloration around the mouth, and from the hands to the elbow, and from the feet to the knees. By rubbing upwards to the body with mustard, and giving two or three drops of brandy as soon as it could swallow, circulation became established and remained for forty or fifty minutes. Then another spasm commenced. Gave a mild cough medicine of belladonna. Spasms continued regularly for thirty-six hours. At the end of that time the father of the infant came to my house to attend the funeral of a neighbor, but on being told of the continuance of the spasms, saying that the child would be bound to die, I proposed to go back and work on the same plan. The third day the spasms moderated, coming on every two hours, and the fourth day every three hours, and finally the infant recovered, and is now a lady over twenty years of age. Would also add that one tonsil seemed larger than the other, and to prevent its pressure on the trachea (the child lay on the affected side) when the spasm seemed unusually great, a pair of small nippers was used to pull the tongue forward and the infant prevented from lying on its back at any time.

This incident calls to my mind another case, in which dropsy around the right lung came on rapidly, and I proposed to tap the patient early next morning. At supper time the family went down stairs, and during this time the man turned over on his left side, and the weight of the water suffocated him before he could turn himself over. When his family returned he was dead.

Another case almost fatal occurred in my practice. On reaching the patient I found him on his left side gasping for breath. On turning him on his right side and using friction externally and stimulants internally, he recovered, and is living now after several years. He has chronic consolidation of the lung, about two-thirds of it, and though he suffers from shortness of breath, he enjoys fair health. These are the only cases of the kind in over forty years of practice.

A case of simulated hydrophobia occurred twenty years ago. A young girl of seventeen years of age was jumped on by a dog. The teeth of the dog tore her dress but did not touch her flesh. She went into spasms *immediately*, and simulated hydrophobia in being worse when offered fluids to drink. Would bite and snap like a dog. It took two stout persons to hold her, and I holding her head by the hair would give her chloroform. At first, to get her under the influence of hydro-chloral, gave about ten grains every three hours. During this time kept her asleep, would wake her every four hours for a glass of milk. The spasms continued for three days, but lessening in severity until they left her. Have seen in medical journals similar cases reported as genuine hydrophobia, but they were not.

C. R. CULLEN, M. D.
Richmond, Va.

The Doctor and the Druggist.

Many things have been written on this subject, some true and some from a prejudiced standpoint. The tone of much of the writing on this subject is, that the druggists are all unprincipled substitutors. While we are compelled to admit that some of them are, they are not all alike. I believe that in every town of any considerable size, there are some honorable men among them who are far above substitution. Such, at least, has been my experience and acquaintance with them. It is the physician's priviledge to look for this better class and his duty to encourage them by giving his

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business to them. It will also be a safeguard to his patients and to his reputation.

I know a few druggists who would rather send a prescription away than substitute in any way. These are the men the doctor wants to know; and to this end it would be of advantage if physicians would compare notes and, by sifting, bring out the good men.

A good deal of what has been said presupposes the doctor always right. It needs no argument to show the error of this assumption. And it is equally plain that the druggist comes in for more blame than he deserves. His position is a defenseless one against calumny.

Not all physicians are sufficiently honorable to bear the results of their own errors in diagnosis, or combination of remedies and incorrect dosage. My eight years behind the druggist's counter have entirely convinced me of the truth of this statement. The druggist bears the blame.

The good pharmacist is an advantage to the physician, as I can also testify by my ten years of active practice. They are often better chemists and pharmacists than the doctor, and are willing to give advantageous suggestions in their line. Many prescriptions could be improved with the aid of their knowledge. The drug-store, alone, with its suggestive labels, has often been a grateful reminder to the physician, and many times relieved him of that common after-expression, "I wish I had remembered that before," or "Why didn't I think of that sooner?" by bringing to mind the most desirable combination.

Probably the honorable, intelligent pharmacist is of as much value to the physician as the physician is to the pharmacist, when working in their different vocations and in friendly relations. As far as I am able so to make it, my pharmacist shall be my friend, for in that relation he is an encyclopedia of pharmaceutical knowledge, very available, and to the point.

Pharmacy is much too large a field for the medical profession to enter in connection with general practice. At this time, when there is such a tendency to specialties, with the great advancement in these lines, it would be taking a step backward for the general practitioner to enter the wide field of pharmacy, in addition to all these advanced lines. The average ability will not cover all these, nor will the time allow it.

I shall always encourage and endeavor to maintain a friendly relation with the pharmacist, for that is his natural relation to the profession, unless made an enemy by unjust treatment. Let us uphold him in the honorable discharge of his duty, and with equal zeal let us discourage his worst enemy, as well as ours—the incompetent and unprincipled substitutor.

S. J. HAMPSHIRE, M. S., M. D.
Topeka, Kan.

Dyspepsia.

I wish to call the attention of the readers of the BRIEF to the use of water, not only as a remedial and therapeutic, but also as a mechanical agent in the treatment of certain forms of dyspepsia; especially those forms characterized by a fullness in the left epigastric region, with frequent eructations of sour and acrid matter, accompanied by loss of appetite, insomnia, and a mental condition closely allied to melancholia.

Let the patient drink from one to three pints of water one hour before each regular meal and then comfortably seat himself in an easy rocker, and rock back and forth one-half hour. The rocking will agitate the water in the stomach and wash the walls completely, detaching any mucus that may be adhering, and dilute and mix the contents thoroughly. By this means absorption will be more rapid, and as a consequence the skin, kidneys, and the bowels will act more freely, eliminating from the blood uric acid and all effete and deleterious matter, while the stimulus of the water will cause the stomach to contract and gastric juice to be secreted in such quantity as to cause the function of digestion to go on uninterrupted and painless. If those suffering from dyspepsia would drink as much water at home as they do while visiting springs of doubtful medicinal properties, a great many of our summer resorts would close for want of patronage.

JOHN E. CHITWOOD, M. D.
Connorsville, Ind.

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Letter From a Live American Doctor.

There are many features about the MEDICAL BRIEF that I admire; it is a live, progressive, well-gotten-up journal. But what I consider its *most* praiseworthy characteristic, is its staunch advocacy and support of whatever tends to elevate the medical profession of America to that position, in the minds of men, which it should occupy. With this laudable object ever in view, it attacks with unflinching zeal and never-ceasing endeavor, whatever it deems inimical to the progress of medicine in America, and those relics of "old fogyism" which it sees are robbing it of its just deserts.

It is with great pleasure that I note its strenuous warfare against that now decrepit old-fogyism; the idea, that because a thing is of European origin, it is *just the thing*, while the scientific achievements and opinions of Americans are relegated to a back seat, because they are American and not *German* or *French*. Time was when such a sentiment was just. America, in her young days, was so engrossed in the arduous tasks of clearing forests and battling for her rights, that she could contribute nothing to the advancement of literature, the sciences and the arts. But, with a rapidity unequaled, she has rushed forward in the path of progress and knowledge, till to-day, her great minds are excelled by those of no other nation.

The brain, energy and push of the American physician, and the ample material for clinical study now afforded by our large cities, have carried the medical profession of this country to the front. The recent graduate of the German school is "chuck-full" of *theory*, without a doubt, but his American brother has "rushed things" to such an extent, during his shorter term at college, that he is better equipped for the practical work of the profession. The German "scientist" is "all right" for propagating abstruse theories, but for that knowledge we most need in every-day practice, give me the American doctor. Why should we still bow down before these foreigners, and consider them superior to us, when our medical firmament is studded with so brilliant an array of workers? Away then, with the old idea that because a thing is *European*, it deserves adulation!

What a stride forward has of late years been made in our knowledge of appendicitis. To Reginald Fitz, of Boston, we owe the first recognition of the frequency and importance of this affection. His researches, first published in 1886, have been confirmed by Stimson, McBurney, Keen and others, of whom all are Americans. In the language of a recent distinguished writer: "The rapidity with which the views of these writers have gained credence on both continents, is testimony alike to their own accuracy, and the lack of previous appreciation of the subject." Does not this simple citation show that American physicians have taken their place, as they deserve to do, in the foremost ranks of the profession? I repeat it! Away with that old-fogyism which lauds whatever is *European* in medicine, and seeks to under-value that which is *equal* if not *superior* to it in America!

Success to the BRIEF in its endeavors to disseminate this sentiment throughout this broad land. WM. S. HAY, M. D.

Allendale, S. C.

Quinine in Obstetrics.

Was much interested in Dr. J. Frank Locke's description of "Seven Recent Obstetric Cases."

A long experience has led me to emphatically endorse his statement that the obstetric forcep used with brains, is one of the most useful and humane instruments ever placed in human hands.

While I think he exercised excellent judgment in the treatment of the seven cases under consideration, I differ with him in his apparently free use of quinine. We all know that while many may take quinine with safety and benefit, others possess an idiosyncrasy against it, which fact makes it extremely questionable to administer the drug in doses of five grains or more at sight, into which rut many physicians fall, and give quinine upon general principles in full doses to patients, obstetric or otherwise.

Let us review among these cases, those upon which quinine was used by the doctor.

"Case 1.—Mrs. A. * * * * * * gave five grains of quinine, and repeated in

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one hour; at 1 A. M. matters were progressing favorably, when the patient gave a loud scream and went into, not convulsions proper, but raving delirium; it required the united strength of her husband and myself to confine her to the bed; this continued for an hour despite all efforts to control her."

"Case 2.—Mrs. McL. * * * * gave ten grains of quinine in two doses; pains came on with more force, and in an hour matters were progressing finely; * * * but just then came on the most violent attack of puerperal eclampsia it was ever my fortune to contend with. It was simply frightful."

"Case 3.—Mrs. S. Three A. M., no pain; gave five grains quinine, repeated in forty minutes. Persistent and uncontrollable vomiting came on at five o'clock, greatly augmenting muscular unrest. At seven o'clock, after a violent attack of vomiting, patient fell back nearly pulseless and lifeless."

I will not attempt to settle the question as to just how far quinine influenced these poor sufferers in such spasmodic manifestations. I believe that under the chloral and bromide alone, they would have relaxed, recuperated, and fared much better during the remaining hours of their labors for well-known reasons. Try this plan next time, doctor.

CHARLES E. YOUNG, M. D.
White Plains, N. Y.

The Medical Examining Board of Pennsylvania.

A meeting of the Medical Examining Board of Pennsylvania, was held June 11th, 12th, 13th, and 14th, at Pittsburgh, Council Chamber, Municipal Hall, Smithfield St. It was conducted by Dr. William S. Foster, secretary of Board, Pittsburgh, Dr. James E. Silliman of Erie, Pa., and Dr. W. J. K. Kline, of Greensburg, Pa.

On June 14th, at 1 P. M., the several candidates, about seventy-five, met and appointed a committee from those present, which retired and passed the following resolutions:

To members of Medical Examining Board holding examinations in Pittsburgh, June 11th, 12th, 13th and 14th, 1894:

We, a committee, representing the candidates from the various colleges, by joint resolution hereby tender our sincere thanks for the courteous reception extended and fair treatment shown to us.

Resolved, further that a copy of this resolution be spread in medical journals of various States represented.

(Signed by members of Committee).

A. D. DAVIDOW,
College of Physicians and Surgeons, Chicago, Ill.
W. F. BARLEY,
University of Tennessee, Nashville, Tenn.
W. A. CLEMENTRY,
Jefferson Medical College, Philadelphia, Pa.
R. B. CUNNINGHAM,
Louisville Medical College, Louisville, Ky.
D. MOLYNEAUX,
Royal College of Surgeons, Dublin, Ireland.
J. P. GORMLEY,
Miami Medical College, Cincinnati, Ohio.
J. C. WALKER,
University of New York.
P. P. HORNER,
University of Louisville, Ky.
N. J. COOPER,
College of Physicians and Surgeons, Baltimore, Md.
CLEMENT R. JONES,
Columbus Medical College, Columbus, O.
JOHN W. KIGER,
Ohio Medical College, Cincinnati, O.
MARY E. CHRISTY,
Woman's Medical College of Pennsylvania.

Ergot in Labor.

For some time past I have noticed my professional brethren writing against ergot in labor. I have practiced medicine only about seven years, but I have observed closely in the hospitals of New York and Baltimore, that when needed it is always used. But none but the best is used. In my own practice I use Squibb's ergot (fl. ext.), and for hypodermic use I prefer S. & D's Ergotine, the only objection being it is hard to dissolve in a hurry. I find these preparations are the best and only the best is safe. If physicians would confine themselves to these preparations, and of course only use it in the third stage of labor, they would have no trouble, as only trouble arises from bad preparations. I saw one case of post-partum hemorrhage where some other preparation was used, but with no result. I took out my little hypodermic vial of S & D's Ergotine and gave one-half grain, and the hemorrhage stopped and we had no more trouble. I like Squibb's ergot as I do his chloroform, and any preparation he makes I'll stand by forever.

Davis, W.Va. B. M. SMITH, M. D.

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Dental Briefs.

"The greatest good to the greatest number."

Guard your eyes at all times from strain.

"To prevent going backward, we must work on the line which goes forward."

The stains of the flask may be removed with ordinary machine oil, soap and water.

Dental college diplomas (reputable) should be passports in any State to the practice of dentistry.

A matrix should always be used in filling mesial and distal approximal cavities in bicuspids and molars.

When packing cases where gold lining is to be used, rubber cut into small pieces gives the most satisfactory results.

The practice of dentistry and medicine needs closer harmonization. Each has a meager conception of the other's work.

Tin as a filling material is being talked about considerably lately; hardly a convention is held now but one or more papers on the subject are presented.

We are delighted to see that most of the dental colleges are improving their faculties; that new, skillful material—artisans—are now occupying the positions once enjoyed by unfit teachers. The result will be looked for with pleasure.

It is a common practice amongst operators, in filling approximal cavities in children's temporary teeth—molars—to allow the filling to extend over both and finish as one filling. This style of filling has a score, at least, of objections.

To blench a discolored tooth, apply the rubber dam, clean out the tooth to be blenched; wipe out the cavity with ammonia water, then apply, liberally, caustic pyrozone, by means of a gold probe around which is wound bibulous paper, evaporate with cold air blast; continue this treatment until desired results are reached. The darkest tooth may be restored in this manner to its original shade.

Alumnol is the aluminum salt of a naphthol-sulphuric acid, containing fifteen per cent of sulphur, and about five per cent of aluminum. In dentistry its uses are numerous; while a non-poisonous antiseptic, it is also a powerful astringent, and will be found a specific in secondary dental hemorrhage.

Dr. Genese treated and excavated a lower first molar, capping and filling at the same sitting. The tooth was hypersensitive, cavity large, and the following mixture was used with perfect success in obtunding the sensitiveness:

R. Cocaine.. ..... 4 per cent.
Acidi Carb.....50 per cent.
Benzoin Gum.....50 per cent.

Dr. Fletcher says: The advantages of a solution of gutta percha in cajuput oil for root-filling, may be briefly stated as follows: The preparation remains in solution longer than chloro-percha, is antiseptic in common with the other essential oils, is non-irritating if forced through the apex, being antiphlogistic, and lastly, it seems to have the properties of expelling or uniting with the moisture and adhering perfectly to the walls of the canal. The advantage of a material which will make a perfect root-filling in the presence of moisture, will be readily apparent to every practitioner.

There is more nonsense written about the diseases of the antrum than any other pathological condition of the oral tissue. Antral troubles are usually simple to treat; the most elaborate remedies have been advised, without any comprehension of just what the condition was. The chief essential is the ability to properly diagnose the trouble, to make the proper openings, and in the right manner. Ordinary empyema requires little more than that perfect drainage be secured, and this may be accomplished by making a large enough opening at the lowest point. D. E. WIBER, D. D. S.

National University, Washington, D. C.

Enlarged Tonsils—Reply to Dr. Wharton.

Have just read Dr. Witt Wharton's request for treatment of enlarged tonsils, from which his little son of six years old is a sufferer.

I would recommend the following treatment, which has never failed, in my hands, to effect a cure:

Mop the throat thoroughly twice a day (the last time just before retiring) with the following:

R. Mellis (fresh) ..... 1 drachm.
Aquæ ..... 2 drachms.
Acid Muriatici .....15 drops.
M. To be made fresh each time used.

Continue the mopping as long as there is any inflammation or difficulty of

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breathing. Also begin at the same time with iodide potash and ammonia muriate in doses of two and one-half grains each, three times per day, with an interval of an hour and a half between doses of iodide and muriate. At the same time give tonic doses of iron and quinine.

Continue this treatment for three months, at the same time taking all necessary hygienic precautions.

Try it, Dr. Wharton, and let me hear the result. If it fails, it will be the first time to my knowledge.

Long live the BRIEF.

PAUL FOSTER, M. D.

Opelousas, La.

Tuberculosis.

Some time ago our State Board of Health issued circulars and sent them to all the physicians of the State, asking whether, in their opinion, consumption was contagious; and whether it was hereditary, or whether it was caused by bacillus tuberculosis. This circular, also, suggested the necessity of requiring every doctor to report every case of tuberculosis to the board of health, and have the patients isolated from the rest of humanity, as they would in smallpox. But the board of health has decided not to require physicians to report cases of consumption now; but they sent out the inclosed circular for distribution.

My opinion is that heredity is the prime cause, and that the bacilli are the product or rather a result. Our State Board of Health are having the bacteriological craze, which is affecting so many doctors now. Inclosed I send the circular sent out for distribution. I wish the editor would give us a comment on it in the BRIEF.

Recently I see Seng spoken of as an excellent remedy in dyspepsia and indigestion. What is it? Of what composed? and where can it be had? Please let us hear from the editor through the BRIEF.

C. SURFACE, M. D.

West Lenora, O.

[We refer the doctor to editorial on "Quarantine in Tuberculosis" in August issue. Thanks for the circular inclosed. A predisposition to phthisis is undoubtedly hereditary, but the disease really begins in the small intestine. Tuberculosis is not contagious; whether it is infectious or not is an open question. The part played by Koch's bacilli is inconsiderable. They do no harm save as the possible carrier of an infectious poison, upon the same principle that flies may inoculate by means of the virus clinging to their antennæ.

Seng is made by the Sultan Drug Co., of this city. It consists of the active principle of the Chinese herb, schinseng, in an aromatic vehicle. From personal experience, we can say that it is about the promptest and most reliable remedy extant for any form of indigestion.—ED.]

Typhoid Fever.

The following treatment for typhoid fever has given me much success:

R. Hydrarg. Chlor. Mite.....3 grains.
Sodii Bicarb.....2 grains.
M. Sig.: Take at one dose.

If necessary, I follow this with castor oil and turpentine or epsom salts.

Then give

R. Quiniæ Sulph.....2 grains.
Acetanilid.....3 grains.
M. Sig.: Take at one dose, and repeat three times a day or oftener if needed, to control the fever.

Also

R. Ext. Digitalis fl.....1 drachm.
Spts. Etheris Nit.....2 drachms.
Ext. Buchu fl.....2 drachms.
Tinct. Opii Camp.....2 drachms.
Tinct. Gelsemii.....2 drachms.
Aquæ.....½ ounce.
M. Sig.: One teaspoonful every four hours.

R. Listerine.....1 ounce.
Aquæ.....1 ounce.
M. Sig.: Teaspoonful every four hours.

I use cold water freely when fever is high.

For bowels, I use turpentine or poultices, peach tree or red oak bark. When the bowels are distended and painful, I use charcoal poultices and turpentine, and, if needed, give an enema.

I treat the symptoms as they arise. If hemorrhage, give opium and acetate of lead, of each a grain, as often as needed. For delirium, Bromidia, tartar emetic, etc.

After convalescence is well established, I prescribe tincture of the chloride of iron, muriatic acid or nitro muriatic acid, etc. I allow plenty of egg-nog, milk, buttermilk and boiled sweet milk. When fever is high, bathe freely, rub dry and then anoint the body.

Success to the BRIEF.

J. J. ADERHOLD, M. D.

Daniell's Mills, Ga.

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Information Given and Asked.

In reply to Dr. W. R. Gillespie, Covington, Ky., I inform the BRIEF readers that the berry said to be a sure cure for rheumatism, locally applied, is cocculus indicus. It can be had at any drug store. I have known it used by the Rocky Mountain Indians, in its green state, for sprains, swellings, etc., but not as a specific for any ailment. As sold from drug stores it is often old and consequently without the strength it possesses when green.

Dr. J. C. Shuler, St. Joseph, Mich., asks a local application for alopecia. Acetate of lead and lac. sulphur is probably the most prompt and unfailing astringent known to tighten the hair when rapidly falling out; and this brings me to a question that I have long wanted to ask the readers of the BRIEF: What will grow hair on a bald head? Is there a specific for baldness?

Now, I will give the formula of "Ayer's Hair Invigorator," "Parker's Hair Balsam," "Madame Yale's Restorer," etc. No matter how the name may be changed to suit the manufacturer's fancy or purpose, the formula is the same—save in the difference of the perfumery used—odorated ether, wintergreen, sassafras, etc. This formula comes to us from the days of the war with Mexico. General Twigg had an eczema of the scalp. The brigade surgeon prescribed:

R. Plumbi. Acetatis..... 2 drachms.
Lac. Sulphuris..... 2 ounces.

Mix in half a pint of rain water and apply at bedtime three times a week.

Result of the above treatment was not only a complete cure, but on that part of the scalp where applied the hair, formerly very gray, resumed its natural color. Dr. J. C. Ayer began to manufacture it as a proprietary preparation in 1845, and died a millionaire some years ago. It is said that his relict derives half a million dollars a year from the sales of the Ayer medicines. The formula now becomes BRIEF property—where all specifics should find place. Send them in.

My hair was gray fifteen years ago when I first learned this formula. I am now sixty years old, but not a gray hair on head or face. I used the above quantity every six months. No bad effects. Olive oil is all I use as a dressing after washing off the sulphur.

I have given a preventive; now, what will grow hair on a bald head?

One more question. I wish to ask Dr. E. Carmichael Rothrock, of Texas, or some other ear specialist, if there is any help for deafness of twenty years' duration? I have a patient, aged fifty, male, strictly temperate, healthy, never sick a day, says he never felt a paln but toothache, don't use tobacco nor smoke. Became deaf as follows: Water was syringed into the ear, so hot that it scalded the tympanum sufficient to blister it; both ears. Almost entirely deaf, wholly so in one ear. He has tried artificial appliances without benefit. Is there hope of recovery?

THOMAS C. HERSHMAN, A. M., M. D.
Frankfort, Ky.

Otorrhea.

Some time ago I was called upon to treat a case of otopyorrhea, and being very successful, I wish to give the brethren my treatment. Patient was a child two years of age, and had been discharging pus from the ear continuously for eight months.

I first used a two per cent solution of carbolic acid, syringing the ear out well three times daily, then used the following after each washing:

R. Ext. Pinus Canadensis (White) (Kennedy's) ..... ½ ounce.
Listerine (Lambert)..... ½ ounce.
Aquæ Dest..... q. s ..... 5 ounces.
Mix.

Success to the BRIEF.

E. BARLOW, M. D.
New Baden, Tex.

"An Obstetrical Case."

R. A. Cason, M. D., on page 444, inquires: "Can anyone account for the extreme firm contraction of the womb?" I would say, I believe the ergot mainly caused it. Dr. P., on page 1461, December number, gives a similar case where the doctors imprisoned the child by giving ergot.

I think in both cases if the doctors had followed my suggestions, as given on page 59, January number, they and their patients would have fared much better than they did.

SILAS HUBBARD, M. D.
Hudson, Ill.

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Remarkable Obstetrical Case.

On the fifth of this month (June) I was called to see Mrs. P., aged fifty-seven, weight two hundred and six pounds. On my arrival, I found her in the second stage of labor and had been for some time. Pains were regular and of good strength.

On making an examination, I at once discovered that the child could not be delivered by natural labor; so at once set to work, applied forceps, and delivered her of an eighteen pound boy. The child had very broad shoulders and hips. The head was delivered without any trouble, but the "tug of war" came when the shoulders were engaged. I succeeded in bringing down one arm, and as soon as that was done the shoulders were delivered, but while in that condition the child died from asphyxia. There was no abnormality about the child, except too large to be in utero.

I had hour-glass contraction with the placenta, but had no serious trouble in delivering it.

Is there a case on record of a woman fifty-seven years old, weighing two hundred and six pounds, being delivered of an eighteen pound babe?

Success to the BRIEF.

G. B. WIMBERLEY, M. D.

Reform, Ala.

Tenia.

I wish to thank Dr. S. Hammontree, of Cuba, Tenn., for his prescription for tapeworm, published in the BRIEF.

(R. Syr. Rhei..... 2 ounces.
Spts. Terebinthinæ.....½ ounce.

M. Sig.: Shake well and take one-third every two hours.)

An Englishman came to me, stating that he had worms; said that he had been treated by several physicians, but could not get rid of them. I had him bring me some specimens, and discovered that he had tenia and so informed him. He said that Dr. —— of quite a local reputation, told him he had next thing to a tapeworm. I don't know what the next thing to a garter snake would be—perhaps a garter snake!

I directed him to eat no supper or breakfast and take the above prescription; result, the entire worm.

Cuba, O. W. E. SROFE, M. D.

Favorite Prescriptions.

For Smooth Skin.—The following is a very good remedy to make the skin smooth:

R. Barii Sulph.....25 parts.
Zinci Oxidi.....10 parts.
Amyli.....10 parts.

Mix with water and spread over the skin, and in about ten or fifteen minutes scrape off, and the skin is smooth.

Rheumatism.—A cheap and simple remedy for this trouble is as follows:

R. Spts. Terebinthinæ.....1 ounce.
Spts. Camphoræ.....2 ounces.
Spts. Ammoniæ.....2 ounces.
Ol. Sassafras.....1 ounce.

Mix and apply.

Neuralgia in Head.—Heat a cup of vinegar to a steaming temperature, and hold to the nose and breathe. I have found this to give instant relief.

For Coryza.—I have found the following to be very good:

R. Ether Sulph.....½ ounce.
Chloroformi.....½ ounce.
Tinct. Iodi.....½ ounce.
Spts. Camphoræ.....½ ounce.
Picis Liq.....2 drachms.

M. Sig.: Inhale.

Earache.—Use sweet oil or almond oil, absorbed in cotton and put in the ear; or dissolve one grain of atropine sulphate in an ounce of water, then put four drops into the ear. H. H. WEST, M. D.

Richmond, Va.

Mammary Abscess—Hives.

I see on page 848, BRIEF, Dr. G. H. Tucker, Youngstown, O., wishes a remedy for rising, or abscess of breast, after confinement. Here is a prescription that has never failed when used in time:

R. Gum Camphor.....2 ounces.
Chloral Hydratis.....2 ounces.
Tinct. Opii.....2 ounces.
Chloroformi.....2 ounces.
Spts. Ammoniæ.....1 ounce.
No. Six.....1 ounce.
Ol. Olivæ.....3 ounces.
Pulv. Opii.....1 drachm.

M. Sig.: Rub the breast three times a day, and saturate a flannel cloth, folded several times, and apply after each rubbing.

I know of nothing better for acute inflammation of the joints, if used as above.

I can say to Dr. J. J. Lasater, Housley, Tex., if he has another case of hives, try the following:

R. Potassii Iodidi.....20 grains.
Potassii Bromidi.....40 grains.
Aquæ.....½ ounce.

M. Sig.: Two to six drops, according to age, every two, three or four hours, in a little breast milk or sweetened water.

In a few hours he will see a nice crop of hives rise to the surface.

J. H. CONNOR, M. D.

Wamba, Miss.

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Reliable Formulae

THREATENING ABORTION.

R. Hayden's Viburnum Compound... 2 ounces.
Aletris Cordial..... 2 ounces.
M. Sig: Tablespoonful every hour until hemorrhage is arrested.

FOR NEURALGIA.

R. Ferri Tartarati..... 2 grains.
Quiniæ Sulphatis..... 2 grains.
Acid. Tartarici..... ½ grain.
Ext. Nucis Vom..... ½ grain.
M. et ft. pil. Sig.: Take one three times a day.
—*Gross Med. Coll. Bulletin.*

PERTUSSIS.

R. Aquæ Laurocerasi..... 14 drops.
Chloral Hydratis..... 30 grains.
Aquæ Eucalypti Dest..... 4 drachms.
Syr. Belladonnæ..... 5 drachms.
Papine..... 1 drachm.
Syr. Simp..... q. s..... 2 ounces.
M. Sig.: Half to one teaspoonful every three hours according to age.

NERVOUS PROSTRATION.

R. Quiniæ Sulph..... ¼ drachm.
Strychniæ Sulph..... ½ to 1 grain.
Acid. Phosphoric. Dil..... 2 ounces.
Elix. Simp..... ad..... 4 ounces.
M. Sig.: Teaspoonful three times a day in half glass of water after meals.

EPILEPSY.

R. Syr. Brom. Comp (Peacock)..... 6 drachms.
Sodii Phosphatis..... 5 drachms.
Syr. Aurantii Amari Cort..... 6 drachms.
Vini..... 8 ounces.
M. Sig.: A wineglassful after each meal.

SHINGLES.

R. Zinci Phosphidi..... 10 grains.
Ext. Nucis Vom..... 10 grains.
M. et ft. pil. No. 30. Sig.: One pill every two to four hours.—BULKLEY.

A PALATABLE CATHARTIC.

Dr. Smith, in the *Columbus Med. Jour.*, gives the following as a most valuable and palatable purgative for babies:

R. Glycerini..... 1 drachm.
Ol. Cinnamomi..... 6 drops.
Trit. bene et adde,
Ol. Ricini..... 1 ounce.
M. Sig.: One drachm at a dose p. r. n.

DIPHTHERIA.

R. Tinct. Ferri Chloridi..... 6 drachms.
Potassii Chloratis..... 40 grains.
Glycerini..... 4 drachms.
Listerine..... q. s. ad..... 7 ounces.
M. ft. sol. Sig.: One-half to one teaspoonful every hour, in water.

INANITION.

R. Liquid Peptonoids..... 8 ounces.
Seng..... 2 drachms.
M. Sig.: Wineglassful every two or three hours.

LIQUOR PICIS ALKALINUS.

This is composed as follows:

R. Picis Liquidæ..... 1 ounce.
Potassæ Causticæ..... 1 ounce.
Aquæ..... 5 ounces.
M. Sig.: Use diluted as indicated.

SMALLPOX.

R. Tinct. Aconiti Rad..... 1 to 2 drops.
Spts. Æth. Nitro..... ½ drachm.
Liq. Ammon. Acetat..... 2 drachms.
Aquæ..... 1½ drachms.
M. Sig.: Take every hour or two. (For the initial fever.)—HUGHES.

FATTY DEGENERATION OF HEART.

R. Phytoline..... 2 ounces.
Cactina Pillets..... 25
M. Sig.: Ten drops before and after each meal.

DROPSY, FOLLOWING SCARLET FEVER.

R. Tinct. Digitalis..... ½ drachm.
Vini Colchici..... 1 drachm.
Spir. Nit. Dulc..... ½ ounce.
Aquæ..... 2 ounces.
M. et ft. sol. Sig.: Teaspoonful every three hours.
—WILL E. HOLLAND, M. D.

FOLLICULAR TONSILLITIS.

R. Ol. Creasoti..... 8 drops.
Tinct. Myrrhæ..... 2 ounces.
Glycerini..... 2 ounces.
Aquæ..... q. s. ad..... 8 ounces.
M. Sig.: Use as a gargle every two hours.—PROF. LEVY, in *Gross Med. Coll. Bulletin.*

ACNE INDURATA.

R. Liq. Potassæ..... 1 drachm.
Aquæ..... 1 ounce.
M. Sig.: Apply to the acne spots only, then use:
R. Plumbi Nitrat..... 15 grains.
Ungt. Petrolei..... 1 ounce.
M. Sig.: Apply twice daily.—BARTHOLOW.

CHORDEE.

R. Camphoræ..... 1 drachm.
Lactucarii..... 1 drachm.
M. et ft. pil. No. 30. Sig.: One, two or three at bedtime.—RICORD.

ULCER.

R. Pulv. Camphoræ..... 1 ounce.
Carbonis Animal..... 1 ounce.
M. Sig: Use as a dusting powder. (In deep chronic ulcers.)—BARBACCI.

GRANULAR CONJUNCTIVITIS.

R. Hydrarg. Oxid. Flav..... 8 grains.
Zinci Oxidi..... 1½ grains.
Thymol..... 1½ grains.
Cocain. Hydrochlorat..... 1½ grains.
Camphoræ..... ½ grain.
Vaselini..... 6 drachms.
M. Sig.: Apply locally.

A CATHARTIC LEMONADE.

R. Sodii Phosphatis..... 6½ drachms.
Spirit. Limonis..... 20 minims.
Syrup. Simp..... 2 ounces.
Aquæ Dest..... ad..... 10 ounces.
M. Sig.: Take at a dose.

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Symptomatology.

TETANUS.

1. Trismus and dysphagia.
2. Profuse perspiration; urine high-colored and scanty; sudamina.
3. Violent and continuous spasm of the voluntary muscles. There is usually opisthotonos, rarely emprosthotonos or pleurosthotonos.
4. Obstinate constipation; sometimes retention of urine.
5. Fever, slight or absent.
6. Pulse slow.
7. Sleeplessness.
8. Intellect clear.

EDEMA NEONATORUM.

1. It begins upon the legs within the first three days of the infant's life, spreads upward along the thighs, appears upon the hands, then the genitals and back. It is hard and pits only on deep pressure.
2. The skin is of a purple hue or deep yellow, and is cold to the touch.
3. The infant is comatose, with feeble pulse, labored respiration and sharp, peculiar cry.
4. Death usually results from some pulmonary affection or collapse.

EXTRA-UTERINE PREGNANCY.

1. The usual symptoms of pregnancy.
2. Frequently there is a recurrence of the monthly flow for one or two periods, or a nearly continuous sero-sanguinolent discharge.
3. Recurring paroxysms of pain, symptoms of abortion followed by expulsion of portions of decidua.
4. The uterus is more or less displaced, the cervix unexpanded, and the tissues more firm than in normal pregnancy.
5. Symptoms of rupture, viz: yawning, languor, fainting, clammy perspiration, rapid pulse, intermittent vomiting, collapse and acute anemia.
6. If the ovum dies, these symptoms may cease not to return; if the ovum continues to develop, there may be repeated attacks of hemorrhage and local peritonitis.

SUNSTROKE.

1. Sudden giddiness.
2. Intense headache.
3. Rapid insensibility.
4. Sometimes nausea and vomiting.
5. Rapid rise in temperature.
6. Skin harsh and dry.
7. Urine scanty.
8. Bowels constipated.
9. Great muscular relaxation.
10. Cerebral symptoms may predominate; the pupils being insensible to light; vessels of the head and neck full; respiration labored and stertorous; pulse slow and full.
11. Albumen may be found in the urine, and convulsions may occur.
12. Recovery is usually incomplete.

INSPISSATED CERUMEN.

1. Sudden deafness.
2. Tinnitus aurium.
3. Vertigo.
4. Earache.
5. Cough.
6. Headache.

GLAUCOMA.

1. Increased tension of the eye-ball.
2. Rapid failure of accommodation.
3. Dilatation and inactivity of the pupil.
4. Corneal anesthesia.
5. Cupping and atrophy of the disc.
6. Arterial pulsation evoked on gentle finger pressure.
7. Steaminess of the cornea.
8. Pain, referred to the eye, occiput and back, and often associated with nausea and vomiting.
9. The patient sees color halos surrounding a flame.

ADDISON'S DISEASE.

1. Symptoms common to pronounced anemia.
2. Peculiar bronzing of the skin, appearing on the face and in the folds of the body, first in patches and later extending uniformly over the surface.
3. Backache.
4. Marked gastric and intestinal irritation.
5. Tendency to dropsy as the anemia progresses.
6. Symptoms referable to the cerebro-spinal and sympathetic nervous systems.

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Therapeutic Suggestions.

THE application of lemon juice is recommended to relieve the intense pruritus of urticaria.

A COMBINATION of green, etherial extract of male fern, chloroform, castor oil and croton oil is valuable in tenia.

MAGNESIUM PHOSPHATE, two grains every hour, has been successful in relieving obstinate hemicrania.

OF all the preparations of opium, Papine is the least irritating and least apt to form a habit.

WITH small, quick pulse, hot, dry skin, restlessness, minute doses of aconite will produce prompt amelioration of symptoms.

IN remittent fever, small doses of ferric phosphate in alternation with quinine, are said to hasten a cure.

WARNER'S ELIXIR SALICYLIC ACID COMP. affords relief in acute rheumatism, and does not cause the gastric derangement common to salicylic acid and its compounds.

PROTEINOL is a palatable, nutritious reconstructive in chronic, wasting diseases.

SOLUTIONS of sugar of lead are positively contraindicated wherever there is an abrasion of the cornea, and it is unwise to prescribe them under any circumstances as an eye wash.

LISTERINE and glycerine, equal parts, painted on bruises will cause a prompt disappearance of swelling and discoloration.

THE internal use of chloroform is very successful in colica pictonum.

OX-GALL, one grain of the inspissated juice, with one drop of oil of wintergreen to one teaspoonful of Celerina, will relieve headache. The remedy may be repeated every hour.

MICAJAH'S MEDICATED UTERINE WAFERS are very useful in the treatment of leucorrhea.

LISTOL is recommended as a succedaneum for iodoform, having equal virtues and absolute freedom from disagreeable odor.

BICHROMATE OF POTASSIUM in doses of one-twelfth to one-sixth grain is highly spoken of in the treatment of chronic gastric ulcer.

SANMETTO gives excellent results in nephritis.

A FOREIGN writer advises large doses of the chlorate of potassium as a stimulant to the mammary secretion. He says the full effect may be obtained in two days without injury to mother or child.

INDIGESTION is the prime source of chronic diseases. Perseverance in the use of Seng will cure any case.

IN those cases of vaccination where bismuth and lanolin has been used to dress the sore, healing has taken place with absolutely *no scar*. This suggests a treatment for the pitting of small-pox.

SPIRITS of Camphor will destroy pediculi.

THE hypophosphite of lime diminishes secretion and is applicable only where this is in excess. When the cough is dry and expectoration scant, the hypophosphite of soda alone should be used.

DIGITALIS should not be administered by the mouth in cases where gastritis or like states exist, for the reason that in such cases it is apt to irritate the already inflamed mucous membranes.

HYPODERMIC injections of ammonia are recommended in asphyxia and allied conditions.

IN iritis the application of one, two or three leeches to the temple is frequently followed by a cessation of pain. This effect is less constant in cases of glaucoma, but the remedy is not without some value.

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SALO-SEDATUS

(OPPOSED TO FEVER AND PAIN.)

The very best fever and pain remedy, and safe! It almost entirely does away with the use of Opium and Morphine, and no drug habit follows its use.

It relieves pain quickly, does not disturb the stomach, controls fever certainly, and is one of the best antiseptics ever employed in such diseases as Typhoid Fever, Dysentery, Scarlet Fever, Smallpox, Puerperal Fever, etc. In cases of Neuralgia, Dysmenorrhea, severe Headache from any cause, and in painful diseases of children, where opium and morphine are so dangerous, and in convulsions, it is almost specific.

NOTE.—Send for Free Samples of Salo-Sedatus. We will send it in Powder and Tablets, with testimonials and pamphlet, fully describing its uses. Try it for yourselves, the trial costs nothing.

ADDRESS, SALO-SEDATUS CHEMICAL CO.,
ST. LOUIS, MO.

I found the ounce of Salo-Sedatus just used to give great satisfaction to myself and patients. Enclosed find $1.00 for another ounce. J. N. CLARK, M. D.
Rosiclare, Ill.

I find Salo-Sedatus one of the best remedies I have ever used for nervous headache, and to control fever, and it does not seem to have any depressing effects whatever. I have ordered my druggist to keep it on hand. S. G. SPRADLING, M. D.
Centerville, Kan.

Salo-Sedatus has never yet yielded negative results in my hands. It ranks high among its class as a "pain destroyer," and for reducing the temperature. It is *the* remedy above all others for many of the diseases of childhood, and is just *the* thing for crying babies.
Kansas City, Kan. JOSEPH N. DAVIS, M. D.

Salo-Sedatus is the finest preparation of any of them that I ever used, for it never fails me in bad cases.
Fayetteville, Pa. W. E. HOLLAND, M. D.

Enclosed please find $2.00 for two ounces of Salo-Sedatus. I used what you sent me and am more than pleased with it. It acted like a charm in a case of typhoid fever, relieving all pain and controlling the pulse and temperature. T. J. JONES, M. D.
Carr's Station, Ia.

I have used the Salo-Sedatus sent me and it gave good satisfaction. Enclosed find $1.00 for one ounce in powder. Send by mail. D. B. STEWART, M. D.
Karle, O.

Please find enclosed $1.00 for one ounce of Salo-Sedatus. I find the combination with loaf sugar, as described in your pamphlet, an admirable remedy for infants and children. L. G. WALKER, M. D.
Pound, Wis.

Enclosed $2.00 for two ounces of Salo-Sedatus. The only fault I have with it, it don't last long enough. I am using it in dysentery and it acts nicely. Can't get along without it. W. F. CLARK, M. D.
Kidwell, W. Va.

I am delighted with the action of Salo-Sedatus so far as I have tried it. I will write you again, about a very critical case in which I used it with the happiest results.
Gatesville, N. C. R. C. SMITH, M. D.

Please send me twelve ounces of Salo-Sedatus. This medicine has given good results.
Walhalla, N. Dakota. D. MCLACHLAN, M. D.

The Salo-Sedatus sent me was used in fever, and I found its effects very satisfactory. I am going to test it in a case of rheumatism. Enclosed find $3.00, for which send me two ounces in five-grain tablets.
Northampton, Mass. A. M. MASON, M. D.

When I received the Salo-Sedatus I had some very bad cases of headache. I gave the medicine and it acted like a charm. Enclosed find $1.00 for one ounce. I will be glad to keep Salo-Sedatus in stock, for I have great calls for it from my own sex.
Chicago, Ill. MRS. DR. DAY.

I find Salo-Sedatus all that in its effect and application I could desire, and feel like I could not get along without Salo-Sedatus. J. L. ISAACS, M. D.
Handley, Tex.

I have used Salo-Sedatus with especial benefit in one case of severe neuralgia, and shall test it more thoroughly. W. P. WALKER, M. D.
Mason City, Ill.

Enclosed find $2.00 for two ounces of Salo-Sedatus. I like it better every time I use it, and cannot do without it. L. D. RINK, M. D.
Diagonal, Ia.

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THE

MEDICAL BRIEF,

—A MONTHLY JOURNAL OF—

PRACTICAL MEDICINE.

J. J. LAWRENCE, A. M., M. D., - - - PROPRIETOR.

9th and Olive Sts., St. Louis.

Terms—$1.00 a year, in advance. Single Copies, 10 Cents

VOL. XXII. ST. LOUIS, MO., NOVEMBER, 1894. No. 11.

The Study of Surgery and Gynecology Abroad.

Having just returned from a trip to Europe, where I have been prosecuting my specialty in the great hospitals of the old world, my experience may be of interest to others who may contemplate taking a trip for the same purpose. Hence the incentive to this article.

On my arrival in London, I visited the general hospitals and called on Mr. Frederick Treves, to whom I presented a letter of introduction from Prof. Wyeth of New York. Mr. Treves I found to be a very pleasant gentleman, about forty-five years of age, with iron-grey mustache and such pleasing manners that one readily felt at home in his presence. After informing him of my object in visiting Europe, he advised me how to proceed in order to make the best use of my time, and I am happy to say that I was governed by the advice he gave. I went from London to Vienna, where I spent a couple of weeks in the hospitals, mostly in the Algemine Krankenhaus, which is the largest hospital in Vienna. It contains twenty-seven hundred beds and furnished a great quantity of clinical material.

The clinics were all held at the same hour, nine A. M.—the surgical, eye, ear, nose and throat, the internal medicine, etc., etc. It was impossible to take advantage of more than one clinic daily, which was unsatisfactory.

After seeing the prominent men of Vienna, I returned to London via Berlin, where I spent several days visiting Von Bergman, Almshausen and Martin's clinics.

On arriving in London, I bought tickets in the London Hospital and Great Ormond Street Hospital, the latter being a children's hospital. London is a queer, old-fashioned town, with its omnibuses for rapid transit and horse cars in the suburbs. There are no electric or elevated cars to give stimulus to one's action. But notwithstanding the slowness of the surroundings, the medical profession has kept pace with the times, which is probably due to the immense quantity of clinical material at their command. The amount of clinical material is certainly prodigious. And how could it be otherwise with a population of five million people. Of this population one hundred and six thousand, six hundred and seventy are paupers, and a great many more than this are in almost the same condition. A great majority of the laboring people who are considered moderately well to do, take advantage of the hospital when sick or injured.

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Most of my work was done at the London Hospital, which is situated in the famous White Chapel district and has a capacity of five or six hundred beds. The surgical staff is composed of Mr. Frederick Treves, Mr. McCarthy, Mr. Warren Tay, Mr. Manson Moulin. Mr. Harry Fenwick, Mr. Eve, Mr. Jonathan Hutchinson, Sr. and Jr., Mr. Dean and Mr. Openshaw. Mr. Stephen McKenzie has charge of the skin clinic, both in and out department.

The surgical clinics are held each afternoon, commencing at two o'clock and last until the material is exhausted, which is sometimes as late as eight in the evening. Mr. Treves is undoubtedly the greatest surgeon I ever saw in every particular. As an operator, diagnostician and teacher. He seldom uses an Esmarch bandage and says that they are an abomination and should be banished. I have seen him amputate a leg without an Esmarch or tourniquet. He works so rapidly that there is but little time for the loss of blood. Treves has one hundred beds and you can see any number of surgical cases in his clinics. During the few months that I spent at the hospitals, I saw a number of operations for the removal of the kidney, and quite a good many cases of stone in the kidney, besides gastroentrostomis, gastrostomis and all forms of abdominal operations.

Mr. Harry Fenwick has improved the cystoscope and has become quite proficient in its use. He seems to diagnose the condition of the bladder by means of it without difficulty, and I think it is destined to become one of our most useful instruments in the near future.

The Great Ormond St. Hospital was founded in 1852, and at the present it contains one hundred and eighty beds. The average annual number of in-patients exceeds one thousand, four hundred, and the out-patients twenty thousand. The total attendance is about one thousand a week.

The senior surgeon here is Mr. Edmond Owen. The work in this hospital is done in the forenoon, which enabled me to attend the clinics and not interfere with my work at the London Hospital in the afternoon. What strikes me most forcibly at this hospital is the great number of tubercular bone troubles. With the great number of cases of hip diseases and rickets, one can certainly have all the opportunities in the world for the study of that class of diseases.

I also visited Mr. Allingham's clinics at the Great Northern Hospital, where I was surprised at the large number of excisions of the rectum that were being constantly performed by him, also at the results, as nearly all of his cases recovered. Anyone desiring to pursue rectal studies could not do better than to attend his work.

The Samaritan Hospital for women is situated on the Mary Lebow road, and is presided over by the celebrated laparotomist, Mr. Bantock, whose reputation in that line of work is as great in England, as is that of Mr. Lawson Tait in this country, and can only be appreciated by being seen.

The museum is a great feature in making London a great medical center. The anatomical and pathological specimens are unsurpassed in any of the museums of the world. This shows the advantage of having had generations of workers in the medical sciences. They have all left their mark to guide their followers, not only in their writings, but in preserving their specimens. The collection of specimens in the museum of the Royal College of Surgeons is invaluable to the student, and is found open every day. The admission is free. Anyone can take advantage of it.

This article would not be complete without mentioning the opportunities afforded by the clinics of the Middlesex Hospital, where J. Bland Sutton works. There is also the St. Thomas's Hospital where Clutton does most of the surgery.

In the clinics at both St. Bartholomew and Gregory's Hospitals there is no end to the material and opportunities for the student of any branch of medical science.

I might also mention that the different members of the Royal College of Surgeons give advanced courses of lectures at that institution at all times, free of charge. The advantages are unsurpassed in any city of the world.

A. M. HAYDEN, M. D.
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"Maternal Impressions."

The article in the last number of the BRIEF headed "Maternal Impressions" sounds like an echo from the middle ages. In these days of exact science, the statement that a man shot a squirrel and some months later his wife gave birth to a child which proved to be a cranial monster, has about as much force in argument, as to cause and effect, as Mr. Ingersol's illustration of the progress of civilization and the wearing of plug hats and suspenders. It being a well-known fact that wherever plug hats and suspenders were entirely neglected, there civilization made the least progress.

The report given by the doctor is a typical one for a cranial monster. In such cases there is always a large amount of amniotic fluid, the labor is marked by delays and uterine inertia until after the sac is ruptured and the fluid discharged. The child is usually born alive and lives from five to forty minutes. See transactions of "Chicago Pathological Society," May, 1894, with remarks by the writer on a case reported from Cook County Hospital, which was an exact counterpart of the case mentioned in the BRIEF, except as to the shooting of the squirrels.

The fact is, that monstrosities are deficiencies in development or excessive development in the fetus, governed by as exact and inflexible laws as any of the laws of nature, and they are subject to as distinctive classification as any of the fully developed organisms of the animal kingdom.

The one mentioned is one of deficient development. In all such cases the deficiency occurs in the median line. The simplest form being the hare-lip, cleft palate, etc., when the deficiency occurs in the anterior portion, and spina bifida, etc., when it occurs in the posterior portion. These deficiencies may occur in regular gradation to double cleft palate, or absence of the inter-maxillary bone, absence of the vosner, ethnoid or even the body of the sphenoid as I have seen in several cases (See reports by author, *Chicago Medical Recorder*, 1883). When the vosner and ethnoid are absent then the monster is called a cyclops, as the two orbits are merged into one.

The case reported is one of deficiency in the posterior median line, which grade as follows: Absence of the vertebral spinous processes, usually in the eighth to tenth dorsal vertebra, but may occur anywhere along the line; spina bifida; absence of the occiput as in this case, or even complete absence of the cerebellum and most of the cerebrum.

The deficiency is often in some of the internal organs, as the heart, "one ventricle," like the heart of the reptile, showing that maternal impressions could have nothing whatever to do with it, as they often occur in organs of which the mother has little or no knowledge and less thought.

Furthermore, these monstrosities are much more common in the lower orders than they are in the human family, and they are always of the same nature.

Again, accurate observations, made by Geoffrey St. Hilliare, Paris, Dr. G. J. Fisher, Sing Sing, N. Y., and myself, have led all to the same conclusion that, like color-blindness, this trouble "runs in families," as it were. (See Transactions New York State Medical Society, 1867; also, Chicago Medical Society, 1884, and May, 1894, same society).

In microscopic examinations of the ovum in process of incubation, Louis Rudolph Von Aggissiz came to the conclusion that innate deficiency in the ovum was the prime cause of monstrosities. There is evidence to the effect that faulty nutrition to the fetus may be an additional cause, as it is often the cause of incomplete growth of a limb in after years, as is the result of infantile paralysis.

The demonstrations made by Prof. Ercoloni, of Barcelona, showing that the placenta in mammals is a gland especially developed for the purpose, quite similar in its action to the mammary gland, and that the fetus in its circulation and nerve system is as independent of the mother before as after birth, are sufficient to demonstrate beyond any chance of doubt that the mental action of the mother could not possibly produce any such results upon the fetus as that mentioned, nor could it produce nevi, mother marks, or other conditions which can be, or ever have been, attributed to the exploded theory of "maternal impressions."

E. P. MURDOCK, A. M., M. D.
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Do Sexual Invalids Need Treatment?

There seems to be a considerable diversity of opinion both as to the occasion for and the kind of treatment to be meted out to those sexual invalids who ever and anon apply for relief. By way of illustrating one phase of the matter, I desire to place before the readers of the BRIEF a bit of correspondence, which I trust will not prove uninteresting reading to those who have been inclined to look upon this subject as one eminently worthy of neglect.

April, 1882.

Dear Doctor:

You will pardon the liberty I take in addressing a stranger, but I wish to ask your advice concerning my own case. Briefly stated it is this: I am a young man of twenty-eight years, unmarried, a clerk in a store, am six feet tall and weigh one hundred and fifty-six pounds, and am in fair health. My only trouble is that of sexual weakness. When a boy I formed the habit of self-abuse, and continued it until about four years ago. The condition of my privates alarms me, as I am anxious to do what can be done toward a cure before I get married, which I expect to do within a year. I have very frequent emissions during sleep; sometimes three in a week. When my bowels are costive semen passes while at stool. My testicles are tender and soft, and the bag feels like it was full of strings. I have a dull headache much of the time, and my mind is not as clear as I think it ought to be. I have consulted two doctors, and they both told me that when I got married the emissions would stop and I would be all right, but I feel that I am not fit for marriage while I am as weak as I now am. I enclose a fee for your opinion, and hope you will be honest and candid with me. I have not much money, but I would gladly give it to be made fit for the state I am anxious to enter.

Yours, etc., X. Y. Z.

To this I replied as follows:

Dear Sir:

Replying to your letter I have this to say: Three nocturnal emissions per week will exhaust any man, and while the system can stand the seminal loss it can not stand such loss under such circumstances. The loss you mention as occurring while at stool may be, and most likely is, due to and comes from a diseased or enlarged prostate gland. Borrow no care on that account until you know that it is semen. The chances are that it is not. I should most earnestly advise you to visit a regular doctor who keeps in touch with the progress of his profession and have him examine you and treat you as you need to be treated. [Then followed some special directions as to diet, exercise and personal hygienic rules to be observed.] * * * * * *

In conclusion, I wish to disclaim any desire to cause you alarm, but your symptoms are such as to warrant an examination, since if treatment is needed, and I am very well satisfied that it is, now is the time to take it rather than after you are married. Consult a doctor who does not feel that the ostrich is out of sight when his head is in the sand.

Yours, etc. J. A. D.

Shortly after this letter was sent, this over-weight letter came to me:

Doc. De Armand:

SIR—A young man whom I have known all his life came to see me to-day and after I had told him for a second time that there was nothing the matter with him that marriage would not cure, he showed me a letter from you. I told him I would answer the letter and if, in the discharge of my duty to my young friend, I make the chips fly, you can console yourself with the fact that you have a V of his and are therefore heeled. Now, sir, I have practiced medicine for thirty-five years and I claim to be up to the times in my reading, although I do not rush into all the new fangled ideas that a lot of you young fellows have. Medicines that have served me for a quarter of a century I am not willing to trade off for any sweet elixirs or the like that traveling tramps leave as samples.

The young man who wrote to you consulted me some months ago, and I told him what any doctor would tell him, unless he wanted to scare a big fee out of him. I know he has been scared already by the fool books and papers he has got hold of. Now, sir, why do you urge him to be treated? For what

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should he be treated? He is well. He never had any private disease. Any man, as you should know, can have seminal emissions if he does not consort with a woman, and he does not need any medicine for it either. All he needs is a good wife, and all will pass out of his mind. I think, sir, it is wrong to write as you wrote to this man, for he seems to be determined to be examined even after I, who have been his doctor all his life, have told him he needed no examination. To quiet his fears I gave him some medicines to make him sleep very sound, and more than that he has promised me that he will take my advice and get married and not fool any money on experimenting with your examinations, and maybe a lot of dangerous doctoring.

* * * * * * * * * * * *

I will be glad to hear from you if you have any explanations to make that will hold water. Yours in haste,

DR. BLANK.

To this I sent this reply:

Dear Doctor:

I will not insult you by abbreviating your title. Your handle shall be full length even if your views are decidedly moss-covered. The young man who wrote to me enclosing a fee for my advice did so without any solicitation on my part, and of his own free will. He intimated that he thought there was dust on your ideas, a conclusion I fully agree with. I shall not notice your undignified slings and insinuations touching my honesty. If a single word in my letter can be construed into an attempt to deceive or needlessly alarm the patient I fail to see it. When you state that matrimony will cure seminal weakness, or relieve to a satisfactory extent the irritability which is no inconsiderable part of the weakness, you state what is not true, and the thirty-five years you have been browsing over the commons of medicine have not enabled you to get under the surface at any point. You should know that the result of self-abuse is two-fold: First, the nervous system is shocked and more or less demoralized in its action. Second, the sexual apparatus is injured in its fabricating, containing and emitting powers. This patient is not fit for matrimony, and to urge him into it is to do him incalculable harm, as you will learn if both of you live. But I do not intend to say more to you upon this or any other subject. You know it all, and that renders all argument useless. With you the molasses will continue to run. In sexual therapeutics you, however, have many worthy compatriots. My sympathy goes out to the young man who follows so poor advice as you have given him. Possibly, even bad as it is, it is better than your treatment would have been. Possibly time will determine whose advice should have been taken in this case.

Respectfully, J. A. D.

The other day I received this letter:

July, 1894.

Dear Doctor:

Ten or a dozen years ago I wrote to you for an opinion concerning my own case. I gave you the points as well as a non-professional could give them; and you may recall the case by the fact that Dr. Blank, to whom I went for the examination you advised, afterwards wrote to you about me. I wish now to report to you with the purpose only of giving you the credit your judgment deserved, but which I was persuaded into passing by. At the urgent advice of Dr. Blank, and upon his assurance that he was right, I got married soon after receiving your letter. My wife was a most excellent young woman of fine health and good physique. Our married life had but one blot, and that was that I was a sexual invalid. My wife soon surmised the truth, and I told her all; she bore with me, and we sought by self-denial to help nature do what Blank said she would do. My wife had two children, both of whom were small and weakly. One died when two weeks old, and the other lived to be sixteen months when it, too, died. Nearly a year ago my wife died, and I am alone once more—alone in my misery and wretchedness. I feel that my married life has been a failure; but that if I had been treated as I should have been, I either would have avoided matrimony and so saved the very best of women from a life of disappointment and grief, or I would have enjoyed the domestic bliss I could only dream of—not possess. I saw Dr. Blank frequently

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until I left that State, and when I would tell him I felt that he was largely to blame for my condition, he would say: "Show me a book that says I am not right and I will give up." Without wearying you, I can say that I suffered much through my own ignorance and sensuality, but I am sure that I suffered more through the ignorance of the doctor I trusted.

I thank you for your advice, and my only regret is that I did not follow it.

Very truly, X. Y. Z.

And Dr. Blank still does business at the old stand.

JOHN A. DE ARMAND, M. D.
Davenport, Ia.

Two Obstetrical Cases.

February 14th, 1894, I was called to see Mrs. P., aged thirty-eight years, in her seventh confinement. On inquiry I ascertained that she had been in labor three days and four nights, and was well nigh exhausted.

I watched the case awhile, and upon my second examination, a few hours later, found the os rigid. Gave eight grains of chloral hydrate, and she dropped off to sleep for three hours and a half, awaking somewhat refreshed. I examined her, and found the os the size of a half dollar, and soft, but no pains. I remained all night, but there was no pains of any consequence; though she told me her time was fully up.

I decided to give her a full day's rest, if possible, on account of her much exhausted condition. I put her on viburnum prunifolium every four hours till all pains entirely subsided, left two powders containing chloral hydrate five grains and extract hyoscyamus two grains, to be given when pains came on, one hour apart, and if they failed to ease her, left word that I should be notified.

Twelve days later I was summoned to attend her, and in an hour's time delivered her of an eight-pound boy. Mother and child both did well.

I forgot to state that two physicians had been with her previous to my arrival, but had left before I got there.

Case No. 2. Mrs. S., primipara, aged twenty, had been in labor fourteen hours when I arrived. Pains were weak, and in a few hours rigidity of the os developed, for which I gave chloral hydrate, five grains every hour for three hours, when the os softened, and the labor went on, regular but slow, for some time, when the pains became severe and the child went out of my reach in a very short time, it seemed as though the child would be expelled through the abdomen. It required two matrons to make pressure there at every pain.

This continued half an hour, when I decided to send for help. It was ten miles to the nearest physician. After I had sent for him, I thought I would give the pepper poultice a trial. It was hurriedly prepared and applied, and in thirty or forty minutes the child was delivered, with the contents of its bowels on its legs.

As soon as it cried vigorously I tied and cut the cord, and turned my attention to the mother. After exhausting the usual methods of exciting pains without avail, I introduced my hand, found placenta high up, with partial hour-glass contraction. I removed placenta without waiting for pains. Mother and child did well.

When the pains became stronger, and the child receded, was not that hour-glass contraction set up? And did the pepper poultice give the necessary aid? The pepper poultice works wonders in inertia of the uterus. J. R. STEPHENS, M. D.
Red Oak, I. T., Choctaw Nation.

Orificial Treatment.

I regard the MEDICAL BRIEF as one of the very best medical journals published. It is not so tied down by medical codes but that it can see good in all systems of medical practice. It is educating the physicians of this country in the right way, by teaching them the good in all systems of practice. I have seen nothing in it, however, in regard to a new system of treatment which has come up within the last five or six years, known as orificial surgery.

This system originated with Dr. E. H. Pratt, of Chicago, Ill., a homeopathic physician and surgeon and one of the lecturers and operators in the principal homeopathic medical college of Chicago. In a recent issue of the *Journal of Orificial Surgery*, published by Dr. Pratt, we

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find the following statement in regard to this system of treatment:

There are a few of the cardinal principles of orificial surgery, which they (the regular physicians) must not be permitted longer to ignore or neglect, namely, that functional derangement is the first stage of organic affections; that all bodily functions are presided over by the great nerve of animal life—the sympathetic; that the activities of the body are carried on by tubes which are under the control solely of this same sympathetic nerve; that weakened tubular action is the first step of functional derangements, and consequently the first step of organic lesions, and that this is rendered possible only by weakened sympathetic nerve force; that in all such cases orificial irritation can be demonstrated, and the correction of this materially influences the entire peristaltic system of the body, and thereby affects all forms of pathology; that the key to the cure of chronic diseases is the re-establishment of sympathetic nerve power; that orificial work is not merely local in its action, but flushes the capillaries of every part of the body and institutes profound nutritive changes; that influences digestion, assimilation, circulation, appropriation and elimination, in the skin, bowels and all the viscera; that the subject is not merely a minor consideration, but a major one, and that the existence of organic pathology of whatever kind can be influenced more or less thoroughly and profoundly by orificial methods. The sexual organs and the rectum are central telephones and run lines of communication to the top of the head, the soles of the feet, and to every square inch of bodily tissue between these extremes, and these facts can no longer be ignored with impunity."

I have had the pleasure of hearing a course of Dr. Pratt's lectures and also of witnessing the application of this treatment to patients, most of whom had some disease of the pelvic organs, associated with chronic disease of the general system. This orificial treatment can be utilized in office practice and will be of great value to the majority of the medical profession. There are a large number of chronic diseases that have their origin in the pelvic region, and chronic diseases elsewhere are often due entirely to reflex action from the sympathetic nerve centers of the pelvic organs.

The orificial treatment consists in dilating the openings and removing all obstructions in the orifices or outlets of the body. It is well-known that the rectum is the organ through which the solid excretions of the body are carried off, that the kidneys, bladder and urethra are the organs through which the liquid excretions are eliminated, while the vapors and gases pass off through the skin and lungs. By orificial treatment the sphincter muscles are dilated, tumors, polypi, hemorrhoids, papula strictures, pockets, and other obstructions of these excretory organs are removed and thus normal action is secured.

All diseases of the rectum and the genito-urinary organs of both sexes are treated in the most thorough manner, and other chronic diseases are thus cured. Some cases require anesthetics, but many do not. A remarkable discovery in connection with this treatment has been made, and there is little or no danger from the use of anesthetics while undergoing this treatment. It can be shown that where respiration ceases and the heart seems to stop its action from the use of ether or chloroform, by repeated dilations of the sphincter muscles, respiration is resumed and the heart begins to pulsate. These results are obtained through the influence of the sympathetic nerves by reflex action.

I am using orificial methods in connection with the Brinkerhoff treatment, baths, electricity, hygienic living, with remarkable success, without many drugs.

New York. E. P. MILLER, M. D.

Retained Placenta.

Dr. Gillett's case of retained placenta is one in which the patient and doctor were in luck. I saw one retained four days and the patient died. (Not my case.)

The rule is imperative never to leave the house till placenta is expelled, and it is also a good practice to wait one hour afterwards. With skill and gentleness, aided by chloroform if required, no placenta should, on any account, be left over two hours. F. C. MEWBURN, M. D.

Toronto, Can.

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Typhoid Fever.

I became much interested on reading in the pages of the MEDICAL BRIEF, an article on typhoid fever, written by the good Dr. D. F. Royer, of S. D. This is a form of fever that I have always been much interested in, and my interest in it has been an incentive to success.

First, we find it a disease which usually attacks previously healthy people; but we find it among all classes of people, regardless of race or nationality, and in both sexes.

I was much stimulated, on beginning the Doctor's article, wherein he strongly discards the old rule (but one yet practiced by not a few) of specific treatment. But a little later I was almost ready to jump on him with both feet, for being strictly specific in *his* treatment. But still later found the Doctor's shrewdness and ability let him out in good shape, and he now stands a tall man by my side. I reach for his hand.

Since we find all kinds of people of proper age and physique, may propagate typhoid bacteria, we are in duty bound to acknowledge that we must treat all kinds of people instead of one single individual. And since it has been a task unperformed to find two people just alike when well and in health, it certainly is as difficult to find them alike in sickness. Hence, a variance in form and character of symptoms, and at times quite a difference in pathological condition. And further we find, and all will acknowledge, that there is a different action (from great to small) produced by the different drugs. We can not get one drug to always do the same thing in different people, under different conditions and symptoms. I always examine each and every case, consider all abnormal pathological conditions, and collect and analyze all symptoms, which are recognized as local manifestations of inward conditions, and always prescribe the remedy that fills that individual case, in regard to medical treatment.

Hygienic treatment does not vary much, only as surrounding circumstances demand.

When I have several patients in the same family and house (as I have often had), I examine one, make my diagnosis and prescription. Drop that case entirely from my mind (for the time being), pass on to the next, go through the same process, analyze each case and symptom (as a teacher would a sentence in grammar to his pupils), independent of the case preceding or to follow, and I firmly believe that we can not scientifically prescribe otherwise.

Baptisia, at some period (usually early), is more often called for than any other remedy in the homœopathic materia medica. And since the almost specific use of calomel and quinine is dropped, the remedy most frequently called for (during an early stage) by the old school physicians is *aconite*. But I do not allow any of these remedies to take lodgment in my mind until conditions calling for them present themselves in the individual case. And thus, after comparing the therapeutics of each drug with the therapeutics of each case, we can prescribe with a good and reasonable degree of science.

I also recommend, in certain stages and conditions of typhoid fever, the use of terebinthina, sulphuric acid and carbolic acid; but have never been able to find many of the therapeutical hints under "tincture of iodine" to fit symptoms in a case of typhoid fever.

The following is a list of remedies, of which one or more will be called for during some period of most all cases of typhoid fever: Arsenicum album, aconite, baptisia tinctora, belladonna, bryonia alba, camphor, gelsemium, hellebore nig., muriatic acid, nitric acid, soluble mercury, and veratrum viride.

In intestinal hemorrhage, I consider merc. sol., nitric acid and gallic acid of greatest importance. Tinct. hamamelis has been found to do good work by giving large doses. In tympanites, I have found a local application of terebinthina and hot water of great benefit. I also recommend frequent feeding, and never allow a patient to go many hours without eating a small quantity of liquid food. And when a fever patient calls for water, I do not refuse.

The idea of frequent feeding is one of the most beneficial in the whole process of treatment. For, under the old rule to forbid the taking of food (or very little) during the run of fever, caused such a reduction of strength, that when the time

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for convalescence came, the patient was so reduced that it was almost impossible to build up as the foundation was consumed, and only ashes left as a relic.

I disapprove of the giving of too large doses of quinine, or sufficient amount to reduce the temperature, for therein is great danger, as it is contrary to natural order of this form of fever. A case of typhoid where the temperature does not rise above about 102° is an unfavorable case. Also during the first or second week to give a drug to reduce the temperature to 102° or below, I consider an unwise and dangerous act. I try to get the system in as good working order as possible, and expect the temperature to rise to 104° or 104½°, and remain there for from five to seven days, then gradually descend. I also give sponge baths once or twice a day (hot). Do not venture much on cold sponge baths, but the cold sheet baths are good, if carefully and properly managed.

The only one typhoid patient that ever died under my treatment, died in spite of all I could do. I treated him four days, succeeding another physician in the case.

Lyons, Ia. W. R. WELCH, M. D.

Extraction of Teeth.

The article in the MEDICAL BRIEF for September, referring to the extraction of teeth, calls to my mind very many remarks, such as, "Don't go to the doctor to get your teeth extracted; he will murder you."

Now, the fact is, this word sounds very harsh, but in some cases it is sadly true. Doctors do not consider it worth their time and patience to trouble how a tooth is to be extracted. They generally provide themselves with three or four instruments to extract every tooth and root in the mouth, and these instruments of torture are made after the most ancient pattern.

A physician is expected to do all things well, and the chances are certainly against him on account of his careless selection of forceps.

I have visited a great many doctors' offices and carefully noted how they were fixed in that line, and very seldom have I seen an instrument that a skillful dentist would allow in his office. Physicians should look over the S. S. White, Ash & Sons, and other good catalogues of that standard, and select therefrom.

Every doctor ought to own his cow horn, *lower root forceps*, alveolar, crowded teeth forceps, bicuspid forceps, Dr. Kell's pattern, and upper molar forceps, White pattern.

By all means have a good selection. You may at any time have a very difficult extraction to perform, then if the doctor smashes off the tooth and can not get out the root, he is certainly in a bad shape. Do all things well, even to the extracting of a tooth, for if that minor operation should fail, you might lose one of your best paying families.

I wish to give the fraternity a very good local anesthetic for the painless extraction of teeth. It is very good where you can not use the syringe. This is to be applied locally. First dry the gums, then apply the following:

Pour about ten drops on cotton; take care to keep it in place on each side of the tooth with the finger and thumb. Keep it free from moisture two minutes, then extract.

R.	Alcohol, 98 per cent	2 ounces.
	Chloroformi	4 ounces.
	Ether Sulph	1½ ounces.
	Spts. Camphoræ	1 ounce.

Now remember, apply both buccally and lingually, and this will do the work.

Mankato, Kan. DR. HENDERSON.

Rheumatism.

My article in June BRIEF, page 680, brought such a flood of mail that I have thought best to prepare this article for the next issue to stop it. I have tried to answer all letters, but in the midst of an active practice it is an undesirable task to do so.

Concerning the origin and identity of the remedy there described, several have offered suggestions, but none has stated positively what it is. I am quite positive in asserting that Dr. J. D. Burch, September BRIEF, page 1061, is wrong in his guess, as the globules which I used were not soluble in alcohol. Neither were they *cocculus indicus*, as mentioned by Dr. T. C. Hershman, page 1084.

Dr. F. G. Damnitz, of Moberly, Mo., writes me that he thinks the product is known among the Indians as "bear's claw berries." That it is a rare plant and but little known, I inclose his letter

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with his permission to publish same. We have searched every botanical work in the Cincinnati library without finding "bear's claw." Dr. Damnitz thought we could procure the drug in Los Angeles, and I wrote to a store, whose address he sent me, but the letter has just been returned. I inclose it with this also.

Of the remedy I had made up, I sent out several bottles to those requesting it. They have all reported excellent results from its use, except one.

A gentleman from Kansas, I see, reports to the BRIEF, page 1071.

As I am thoroughly tired of this letter-writing, I have turned over all of the correspondence to the Atlas Chemical Co., of Cincinnati, who will take pains to investigate this remedy and bring it before the profession. As Mr. Nelson recently returned to Mexico, I have been expecting at any time to receive another supply of the remedy. When it arrives I shall put it in the above company's hands to use as they see fit. Therefore, brothers, I beseech you not to write me further about it. Time is more precious than postage stamps (which many did not inclose). Whenever I can ascertain something *definite* about this remedy for rheumatism I will send one letter to the BRIEF, which will reach all of you.

In this I feel that we have a specific for rheumatism, as quinine is for malaria. Perhaps many of the younger members of the profession are not aware, that the use of Peruvian bark was unknown to civilization until the Jesuits, who accompanied Pizarro in his conquest of Peru, learned of its value through the natives. They carried large quantities of it to Europe, and for nearly a century it was sold by them as a secret remedy, known only as "Jesuit bark." Later its identity became known, it received a name—Cinchona—and, with its various salts, has become one of our most useful drugs. That zone, lying between the tropics, is so prolific of medicinal plants, that we anticipate some startling discoveries in that field yet. If in our "bear's claw," or whatever it is, we have a remedy for rheumatism which will continue to "acquit itself so creditably" as it has begun, it will be a great addition to our therapeutic resources in that trouble-some disease. If some one of our physicians living "among the Rockies," will ascertain its botanical name and report it to the great BRIEF, we shall be under lasting obligations to him.

W. R. GILLESPIE, M. D.

Covington, Ky.

Intestinal Perforation.

May I be allowed space in the BRIEF to report what, to me, is an unique case. On the 29th of May, 1894, the wife of a freedman came under my medical treatment. I thought at first the case presented only symptoms of diarrhea (which was prevailing in the country), attended with slight fever of a remittent type. The diarrhea could be controlled very easily with medicine, but would return if the medicine was discontinued for a short time. The case continued for some three or four weeks in this mild form. Occasionally I would discontinue my visits, but would be sent for again.

One morning, the husband reported a discharge issuing from her umbilicus, accompanied by the passage of flatus. On visiting the patient I found the report to be true. On probing, I found a small opening communicating with the peritoneal cavity, through which passed a thin discharge, not resembling pus much. On probing, I found the opening to extend through the abdominal wall in an upward direction and to the left; there had been some tympanites. After a few days some tenderness in the region of the umbilicus and a hardness in the right iliac region developed, which I thought might be owing to a pus deposit.

After a few days fecal matter began to discharge through the opening in the umbilicus, with an increase of the tympanites in the region of the umbilicus.

After two or three days the distention decreased, the general symptoms began to look more favorable, and I began to hope adhesions of the intestine to the internal abdominal wall would take place, and that she might recover with an artificial anus, if an opening at the umbilicus might be called such, and began to revolve in my mind how the opening might be closed by a surgical operation. There was a tendency to diarrhea all the time, and when the bowels would act there would be a dis-

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charge through the umbilicus of stercoraceous matter. I do not think the contents of the bowels had escaped into the peritoneal cavity. I think this was prevented by adhesions of the intestines to the abdominal wall.

Bartlett, in his treatise on the fevers of the United States, speaks of perforation of the bowels in typhoid fever. In one case the intestines adhered to the fundus of the womb; in another to the folds of the bowels.

But I was disappointed, the case began to fail and died in a few days. Bartlett says it is a very singular fact that this fatal accident commonly occurs in the course of the very mildest cases or almost entirely latent forms of fever.

J. R. JOHNSON, M. D.

Cotton Gin, Tex.

Treatment of Subinvolution of Uterus, Hyperemia of Cervix and Os.

We have found the treatment of subinvolution, hyperemia of os and cervix and similar troubles greatly benefited, and, in nearly all cases, cures effected by the use of chloride sodium, in glycerine, with hyoscyamus added. If the application proves painful, the hyoscyamus may be increased, or opium, laudanum, morphine, belladonna, or any other remedy, used as second best. We have frequently used cocaine with advantage. The formula, which may be nothing new to some, is this:

℞ Sodii Chloridi .....1 ounce.
Glycerini ..... 2 ounces.
Ext. Hyoscyami fl.....1 or 2 drachms.

Mix well. Sig.: Apply to the diseased cervix once a day, or every other day, as indicated.

Bed-time is the best time to apply the remedy. A sufficient piece of absorbent cotton to form a tampon is thoroughly saturated with the medicament and inserted through a speculum well up to the os; a string is previously drawn through the tampon to facilitate withdrawal in the morning.

In a great many cases we have used the mixture in hollow suppositories of cocoa-butter, Hall & Ruckel's, No. 2 or 3, to suit the case. These suppositories are elegant, clean and convenient; they are firm, smooth and cheap, and melt at temperature of the body. One of these suppositories is filled with the mixture and inserted up to the swollen os. They are self-retaining, and as they gradually melt will lave the entire parts. The remedy will deplete the diseased parts, checking putrefactive and fermentative action in uterus and vagina by the antiseptic properties of glycerine and chloride sodium. A suppository should be used at bed-time every day or every other day as needed, and whether suppository or tampon is used, the vagina should be washed out next morning with tepid water, containing a teaspoonful of chloride sodium to water, one pint.

E. C. ROTHROCK, M. D.

Tennessee-Colony, Tex.

Gall Stones—Reply to Dr. Goshorn.

Dr. Goshorn, on page 850, July BRIEF, wants help in a case of gall stones.

I have had good success with olive oil, one ounce, three times a day, with resin guaiac, two ounces, in one pint of whisky, one teaspoonful after each meal. I would suggest a hot bath twice a week. During attacks give Febrinol and borocitrate of magnesia, three grains, three times a day. Of course, pain must be controlled by hypodermics of morphia.

In addition to milk give him Malted Milk. I find Horlick's preparation good. It is manufactured at Racine, Wis. Try also Fairchild's Peptogenic Milk Powder.

The doctor fails to say whether the man had been a hard drinker, or to give his age. If the liver is not cirrhotic and there is no cancer of stomach, I think the above treatment will help him. Should it do so, and he can take stronger food, as rice, jelly (made of gelatine), milk toast and soda crackers, I would prescribe five to ten drops doses of fluid extract boldo in a teaspoonful of syrup of ginger, three times a day, ante cibo, and after each meal a powder composed of Pancreatin and Papoid, two and a half grains each, with five of bicarb soda. If necessary, assist action of ol. olivæ by rectal injection, now using—as glycerine and hot water. The bowels should be kept well open. W. T. STROTHER, M. D.

Port Angeles, Wash.

Atonic Dyspepsia.

Seng acted well in the case of a lady suffering with obstinate atonic dyspepsia, and the results were very satisfactory.

Falcott, W. Va. J. W. FORD, M. D.

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Sloughing Ulcers.*

I have a case of considerable interest to me, and perhaps it might be considered of some interest to the profession.

During March, 1893, Mr. J. H. N., a gentleman of fifty or more years, applied to me to treat his feet. He has had deep sloughing ulceration of the dorsal surfaces of both feet of five or six years' duration. I may say right here about three years ago I had him under treatment for same trouble, but the improvement was so slow that I became careless and lost sight of the case. Several physicians treated him with like results, he going from one to another, finally giving the Indian doctor in the community the last chance.

In March, 1893, he applied to me again and asked my advice. I told him I could not promise a cure, but if he would put himself exclusively under my treatment, and not limit me as to time, I would exhaust my skill. He consented and I told him to come to my office and I would make a careful examination of the feet. He remarked if one could be cured he would consent to an amputation of the other to get relief. He came and I examined as thoroughly as I could. Found both feet, the dorsal surface, sloughing a dark, gangrenous substance, very offensive, and thought there might be some denudation of the periosteum of the carpel bones and phalanges of right foot.

I attempted to cleanse the feet, or ulcers, and render the wound aseptic with castile soap, twice a day, and found the jagged surfaces of the wound thick, indurated and very much swollen, and the arterioles very much congested. I prepared a powder to sprinkle on the entire raw surface twice daily, as follows:

R. Acid. Boracici.....3 ounces.
Zinci Acetatis.....1 drachm.

Mix and apply as directed by dusting on ulcers twice daily.

I gave him internally, believing it to be a constitutional disease,

R. Tinct. Stillingia .....16 ounces.
Potassii Iodidi..... 2 drachms.

M. Sig.: Teaspoonful every four hours.

Ordered the hard, angry induration around ulcer painted with tinct. iodine daily, being careful to approach the free edge of ulcer each time it was used.

After about two months of continuous treatment, the pathological appearance of the surface of ulcer became more normal, healthy granulation shot upward, bleeding easily on pressure, and as the weeks went by the edges of the ulcer began to approximate to each other, and the granulations, within say four months, were level with the healthy skin surface. Iodine paint was continued until the angry, red appearance had nearly all disappeared; the treatment was persisted in for six months and I have the satisfaction to report that the patient is sound and well, and to-day is able to wear brogan shoes, walk all over his farm and do any work a man of his age can do.

J. H. MILLER, M. D.

Cross Hill, S. C.

*Read before the Laurens County Medical Society, July 23d, 1894.

Mal-Position of Uterus—One Cause of Delayed Labors.

As all causes have their effects, so it is that the progress of the child during labor is interfered with and many times delayed on account of the position of uterus when labor comes on.

The presentation is the part of the child that occupies the lowest segment of uterus when labor begins. If that part does not lie directly over the cervix, then the pains do not have their best effects.

When the pains come on and the os dilates equally, or nearly so, then the pains have not been in vain; but when the cervix is displaced laterally, which is the position frequently found, then when the pains come on and the presenting part is driven down you will feel one side dilate while the other is apparently unaffected. But, by placing your index finger in cervix during the absence of a pain, you place the cervix in a more natural position; then, when pains come on you will see (or rather feel) the good effect of that one pain.

I am firmly convinced of this fact, that I have attended cases where there was displacements laterally, and without my assistance, the woman would have suffered from three to five hours longer than she did. The practice of some physicians, when attending such cases, is to examine, and if there is a vertex presentation, to wait for nature to work her wonders; whereas, if they had

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rendered the above slight assistance, they might have saved the patient many hours of suffering and valuable time for the physician.

Concerning the causes of such displacements I know very little, unless they are identical with those that produce ordinary displacement. They may be such as tight lacing, undue physical exercise, or an unequal development of the uterus—one side developing more than the other.

I do not mean to convey the idea that this displacement I speak of is a permament one. As a rule, after labor, the womb assumes its normal position.

I am of the opinion that this condition of displacement has done more to prolong the first stage of labor than any other one thing. I trust to hear from others in the profession, through the columns of the BRIEF.

Huntsville, Mo. G. G. BRAGG, M. D.

A Medical Medley.

The following is a most efficient antispasmodic:

R. Ext. Valerianæ fl ....1 ounce.
Spts. Etheris Nitrosi .....1 ounce.
Peacock's Bromides.....1 ounce.

M. Sig.: For a child two years old, give thirty-five or forty minims every thirty minutes until convulsions cease.

This has never failed me.

A valuable application for erysipelas is made as follows:

R. Ol. Ricini..... 1 ounce.
Bismuth. Subnit.....100 grains.
Chloroformi..... 1 drachm.

M. Sig.: Apply with a feather three or four times a day.

Bismuth subnitrate, ten grains, in a cup of boiling water and taken as hot as can be sipped, is invaluable in nausea and vomiting.

For the summer diarrhea of children, try

R. Pulvis Rhei.....30 grains.
Pulvis Ipecacuanhæ .....10 grains.
Sodii Bicarb .....15 grains.
Cimicifugin..... .....10 grains.
Aquæ ..... 1 ounce.
Spts. Frumenti ..... 1 ounce.
Pulv. Sacchari..... q. s.

M. Sig.: Half a teaspoonful four or five times daily.

The cimicifugin quiets the nerves and heart.

Sixty-three cases of pneumonia all recovered upon the following treatment:

R. Hydrarg. Chlor. Mite..... 4 grains.
Pulv. Ipecac. et Opii.....16 grains.

M. et div. into pulveres No. 2. Sig.: One every four hours.

Tincture digitalis, five to sixteen minims three times a day—enough to keep the pulse below one hundred. Quinine every four hours. Aromatic spirits of ammonia in the later stages. Saline cathartics to keep the bowels open.

The Dover's powder should be given in sufficient quantity to keep the patient easy, and the combination with calomel may be repeated when indicated.

A few were blistered after the fifth or sixth day.

Neither veratrum, aconite, gelsemium, nor antipyretics were used in a single case.

Here is a good cerebro-spinal sedative:

R. Potassii Brom.....15 grains.
Chloral Hyd..... 8 grains.
Tinct. Gelsemii ..... 10 minims.
Tinct. Hyoscyami..... 30 minims.
Morph. Sulph.....¼ grain.

M. Sig.: For an adult, one dose. May be repeated as often as necessary.

J. R. STEPHENS, M. D.

Red Oak, I. T.

Toothache.

Doctor, have you not often been disappointed in your endeavors to relieve an aching tooth? The remedies which you saw recommended in the books failed you. Your patient was disappointed in your skill, and dissatisfied. Says he to his friends: "If that doctor can't relieve so small a trouble as the toothache, he isn't much of a doctor." You feel in your own heart that you got your patient's money for nothing, and that he takes you for a humbug, an impostor.

For these little, though troublesome and very frequent encounters, I offer the following prescription, not as a never-failing remedy, but one which has served me more satisfactorily than anything else which I have tried:

R. Menthol..... 2 drachms.
Alcoholis.....1½ ounces.
Ol. Caryophylli ..... 15 minims.
Tinct. Aconiti..... 3 drachms.
Chloroformi..... 1 drachm.

M. Sig.: Cleanse out the cavity thoroughly (preferably by syringing) and apply on cotton. Also rub a little on gums.

Just here allow me to enter a protest against the wholesale extraction of teeth. Every aching tooth that comes to a physician should first be examined by him, and if the tooth can be saved, he should relieve the pain until the patient can have the opportunity of seeing a dentist. L. CYRUS ALLEN, M. D.

Hoschton, Ga.

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The Old (Women's) School.

I think that its a burnin' shame, about them doctor folks,
An' its my own opinion they're a set a' meddling pokes,
A' givin' little pills an' things, to cure all disease,
Instead a' usin' common sense, and givin' good strong teas.
An' a tryin' to find the biggest words to use that they can git;
I've he'rd 'em sayin' "spectorate" instead a' sayin' spit.

An' last summer when our Lige was sick, while workin' up at Lloyd's,
The doctor who came to see him, said Lige had hemmerroids,
An' then charged two whole dollars! why my blood it fairly biles;
Why didn't that doctor tell the truth, for all Lige had was piles.
To let them doctors bulldoze folks, is gettin' quite the fad.
I could a' cured him with a tea I make, fer it always fixed his dad.

An' you know that sewin' bee at Smith's, when Mandy did invite us,
An' writ a note that red, don't come; Ma's down with the bronchitis.
That's what the doctor said she had, fer he told it up at Young's;
I know a blame sight better though; 'twas "ammonia" on the lungs,
Fer I set up two nights myself an' waited on Saphrony,
An' I guess I'm old enough to know, 'twas genuine "ammonia."

An' when a doctor gets a baby case, he'll strut like some great Lord,
But they show they're awful ignorent, when they try to dress the cord,
Fer they don't use any grease at all, but some fuzzy cotton battin',
An' sprinkle on some dustin' powder, an' then say some words in Latin;
An' think they've done their duty, an' say *hum!* an', yes, I see!
While the baby gits cold water, instead of saffron tea.

But folks will have their doctors though,
But you kin bet fer me
That when *I'm* sick I'll put *my* trust
In good hot ginger tea.
I think us wimmen ought to meet,
An' pass the strictest rule
To make these students stay at home
'Stead a' goin' off to school.
We'd learn 'em how to doctor folks
From alphie clear to Z,
An' 'stead a' gittin' pills when you got sick,
You'd all be drinkin' tea.

Kellettville, Pa. LAVERNE A. BARBER, M. D.

Biliousness.

In a case of very severe bilious attack, Seng restored the stomach and bowels to their normal condition.

Niantic, Conn. C. A. EAGER, M. D.

Slow Fever.

The so-called slow fever has been prevailing here (Indian Territory, Choctaw Nation, Sugar Loaf county) three years as an epidemic. I treated one hundred and sixty-four cases, which had all a greater or less number of the slow fever symptoms, viz: high temperature, edges of tongue and tip red and pointed, pain in the stomach or to the right of the umbilicus, or tenderness on pressure at that point.

Sixty-four cases were well developed. I treated the above number between January 18th, 1893, and January 18, 1894.

I will be as brief as possible in outlining the treatment.

As high temperature, pain and often aches generally were present the first few days, I at once gave an anodyne antipyretic, as acetanilide, five grains; Dover's powder, two or three grains. If there were jerking of the tendons, I either gave hyoscyamus or extract of valerian, twenty to thirty minims, every two hours until the condition was overcome. If perspiration and ease were not obtained in one hour and a half, the acetanilide and Dover's powder were repeated, and so on through the course of the disease when indicated. Virginia snake root tea was given, a spoonful every hour or two to keep the skin moist through the day. Quinine at six P. M., twelve midnight, and six A. M.; none during the day. Baptisin, one or two grains; leptandrin, two or three grains, every three or four hours, till three or four doses were taken, followed by oil or an injection, if it did not move the bowels in a reasonable time.

Anything else was rarely given, except where the pulse and breathing were very rapid. In these cases cimicifugin, from three to four grains every two hours were given, until pulse was brought down to one hundred, and in some cases to seventy per minute.

Calomel was not used save in some cases of obstinate vomiting, where it was employed in one-tenth to one-twentieth grain doses with bis-subnit. and ipecac, or morphine one-sixteenth grain. Cocaine, six to ten minim doses of a four per cent solution every hour by mouth, is far superior to anything I ever tried.

The purgatives were continued three

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times a day in small doses, and the bowels kept open either with oil or enemata.

In some families only one or two members had it, and in others nearly all suffered.

I have been in the Choctaw Nation four years, and have treated several hundred cases of fever and never lost but two patients, both of whom were dying when I first saw them.

As the fever is generally higher every other day, I would have the bowels a little loose on those days, as it kept the fever from running so high.

I had no case to last over fourteen days, rarely over seven to nine days.

If the bowels were loose at the incipient stage, the purgatives were given in broken doses from the start. If necessary, more of Dover's powder was added.

The above is for adults. Rhubarb is only added in the case of children.

In persistent nausea, a little bismuth subnitrate is given until it subsides and the color of the tongue fades to natural. I give nothing but medicine and water until the disease is over, nothing to eat. I have seen a very small quantity of food bring the fever up in a few hours.

J. R. STEPHENS, M. D.

Red Oak, I. T.

Chronic Catarrh of Stomach.

I have used Seng in a case of chronic catarrh of the stomach with gratifying results. E. O. BELL, M. D.

Wheeling, W. Va.

Information Given.

Thomas C. Hershman, M. D., asks a question of me, "or some other ear specialist." Would say, considering the length of time that deafness has continued (twenty years), would think there was very little hope of recovery, depending on existing condition. The "hot water blistering" the tympanum, and eventually destroying that membrane, producing chronic or sub-acute inflammation of middle-ear, with suppurative inflammation of tympanum. The results often are, polypi, exostoses, disease of mastoid cells, caries, meningitis, cerebral abscesses, pyemia, paralysis, etc. The mastoid cells and eustachian tubes are frequently the seat of suppurative disease. The membrana tympani, no doubt, is destroyed, and perhaps followed the destruction of the malleus, incus and stapes, though when this is the case hearing may still remain in some cases, but much impaired, or may be lost for life. If the fenestræ is seriously diseased, the hearing is limited or destroyed for life.

Would try chloride of gold, one-sixtieth grain, three times a day, or Fowler's solution, two drops, three times a day, or in alternation with the gold and mullein oil, dropped well down into the ear, twice or thrice a day. Use Politzer's method to inflate the eustachian tubes and middle ear. May benefit the good ear.

For baldness have used this with success and term it my specific:

R.	Mullein Oil	2 ounces.
	Ext. Cantharides fl	1 drachm.
	Petrolati Fluidi	1 ounce.

M. et perfume with bergamot oil or any other as desired. Sig.: Apply well rubbed in at night.

If the scalp becomes sore, skip a night. Sometimes alcohol in place of cantharides is used, or varied. First one and then the other. Will restore the growth of hair if the follicles are capable of supplying sufficient nutrition, or stimulate them to action; but if the follicles are destroyed, no remedy will restore the growth of the hair. Your formula for alopecia may be good for that disease and to color and "tighten the hair," but the formula given here is the original Gen. Twigg's Hair Restorer:

R.	Lac. Sulphuris	1 drachm.
	Plumbi Acetatis	½ drachm.
	Aquæ Rosæ	4 ounces.

M. Sig.: Apply at bed-time three times a week.

We will give the formula of a hair renewer:

R.	Precip. Sulphuris	1 drachm.
	Plumbi Acetatis	1 drachm.
	Sodii Chloridi	2 drachms.
	Glycerini	8 ounces.
	Bay Rum	2 ounces.
	Jamaica Rum	4 ounces.
	Aquæ Puræ	16 ounces.

Mix.

The two formula, either of them, will make the hair grow, color it dark, and prevent its falling out. We have not only used them for that purpose, but have frequently cured skin diseases by their application, such as herpes, eczema, etc. For internal remedy in baldness, we employ acid phosphate, two or three times a day.

We give below formula of a liniment

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that has been used the past year or two, called Mexican Liniment:

R. Ol. Sinipis..... 2 ounces.
Ol. Cajuputi..... 1 ounce.
Ol. Eucalypti..... 1 ounce.
Deodorized Gasoline..... 8 ounces.
Mix.

J. W. Lockhart, M. D., agrees with editor of BRIEF, attributing the increase in death rate from pneumonia to the bacterial fad, and says "this professional octopus has slain its tens of thousands in the sacred name of science, while those who nourish it, clamor for legislation to protect the public from ignorant and incompetent doctors." Can't we include antitoxines, animal extracts, etc., as a huge fad? Selah.

E. CARMICHAEL ROTHROCK, M. D.
Tennessee-Colony, Tex.

Alopecia.

In September BRIEF, page 1084, under the caption: "Information Given and Asked," is a formula for a hair invigorator, with the history of the same. Either the writer or the printer has blundered. The prescription, as printed, reads thus:

R. Plumbi Acetatis..... 2 drachms.
Lac. Sulphuris..... 2 ounces.
Rain Water..... 8 ounces.
M. Sig.: Apply at bed time, three times a week.

The writer claims to have used this preparation for fifteen years, and it has turned his hair from gray to black.

The mistake is in the amount of sulphur employed. I am certain the doctor never made it after the formula as printed in the BRIEF. Two ounces of sulphur in eight ounces of water makes a thick paste. Sulphur is not soluble in water, and that amount will make a paste which, if applied to the hair, would make a sorry sight of the victim. It is probable that he meant two drachms of sulphur.

And even then the prescription is dangerous. Two drachms of acetate of lead in eight ounces of rain water is enough to produce lead poisoning if used freely.

Thirty grains of sulphur to the pint is ample. In all the published formulæ of this hair invigorator, of which this is supposed to be the original, there is more lead than sulphur.

One formula in the *Druggists' Circular* gives lead three parts, sulphur two parts. Another one gives lead eight parts and sulphur six parts. But the prescription under discussion reads, lead two parts and sulphur sixteen parts.

Evidently some one has blundered. Let any one attempt to fill this prescription, and he will soon see that it can't be done.

I offer, as a substitute for this impossible formula, the following:

R. Lac. Sulphuris..... 30 grains.
Sacchari Pulv..... 1 drachm.
Glycerini..... ½ ounce.
Aq. Rosæ..... 1 pint.
M. Sig.: Use three times a week.

This is safe and efficient. It may be perfumed with the oil of bergamot cut with alcohol.

A. M. COLLINS, A. M., M. D.
Shelbyville, Ill.

Snake Bites—Erysipelas.

Dr. N. B. Harris, of Red Rock, Texas, asks for treatment of snake bite.

The following has proved to be a complete antidote to the venom of rattlesnakes and vipers. Saturate cotton wool with fluid extract of veratrum viride, or Norwood's tincture, and apply to the puncture. The wool must be kept wet. Internally give ten to twenty-five minims every hour or two. I have used this remedy in several cases and it has never failed to give me perfect satisfaction.

Furthermore, veratrum viride is a certain cure for capillary erysipelas. Paint around the inflamed surface and the disease will cease to spread. After bathing or painting the surface with the drug, I have never found an instance where I had to change the treatment, or employ any other drug to effect a cure.

Success to the BRIEF and its staff; also to the fraternity of medical men of all creeds.

J. W. MCGLAUGHLIN, M. D.
Wilson, O.

Irritable Stomach.

I prescribed Seng in a case of irritable stomach, after typhoid fever, when nothing else would prevent sick stomach. It soothed the stomach, and my patient could eat in twenty-four hours and relish his food, and in a few days was improving rapidly. I am well pleased with it. W. B. GOODMAN, M. D.
Nashville, Ga.

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THE MEDICAL BRIEF

J. J. LAWRENCE, A. M., M. D.
PROPRIETOR,
NINTH AND OLIVE STREETS,
ST. LOUIS, MO.

Vol. XXII. November, 1894. No. 11.

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Heredity and Environment.

Man is four-fifths heredity and one-fifth environment. He is a bundle of inherited tendencies, which environment strengthens or modifies but never eradicates. A poison vine never bears peaches. A fertile soil, an appropriate atmosphere, may yield a luscious fruit, but poison permeates it to the core. A child of criminal descent may be reared amid christian surroundings and acquire a certain veneer of manner, his sins may be gilded, but vice lurks in his heart, and sooner or later, the stress of circumstances will bring it to the front.

Incorrigible criminals should be cut off from the body politic, just as weakly or diseased branches are lopped off the sturdy trees. The proverbial ounce of prevention is worth its full value here.

Immunity and Cure.

Immunity when it passes beyond the physiological limit becomes a process of deterioration. A disease can never be *cured* by establishing artificial immunity. A cure is not a chemical reaction. It is a more or less prolonged process of elimination and regeneration.

Immunity and Prophylaxis.

Whether disease can be *prevented* by producing systemic tolerance of disease virus, and whether such prophylaxis is desirable, is another question.

That this tolerance, this adaptiveness of nature to abnormal conditions exists in the entire human race, can not be questioned. Otherwise indiscretions in diet, exposure to inclemencies of the weather, the thousand and one exigencies of social life would be promptly fatal.

But if this tolerance be pushed too far, it invariably results first in a diathesis and then in a cachexia. Sufferers from scrofula and inherited syphilis are fair illustrations. These individuals suffer from nutrition neuroses and organic degenerations; they are but little prone to inflammations, which have regeneration for their motive.

Immunity and Antitoxines.

Recent investigators claim, however, that immunity is due, not to systemic tolerance, but to the development of an antitoxine.

This is anarchy, pure and simple. If the introduction of disease virus brings about the prompt formation of an antitoxine, just as hydrogen gas is invariably evolved when sulphuric acid and zinc are placed in contact, then we have no further need of the science of medicine, and may fearlessly resign our patients to the *vis medicatrix naturæ*. But here is where these enthusiasts evince a lack of logic.

Digestion.

Digestion begins in the mouth, and the perfect performance of this function depends in no small degree upon a clean, well kept buccal cavity and good teeth. The physician should not forget to inspect the mouth in such cases, nor to inform his patient that the semi-annual services of a dentist, a tooth brush and a bottle of Listerine, will do much to assist him

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in restoring the alimentary canal to its normal condition.

Convulsions.

Infantile eclampsia is a very common and very distressing trouble. We should be glad to have experienced men give their views as to the different causes and their treatment.

The Microscope.

The microscope has proved of inestimable value to medicine. Much of our progress may be attributed to this source. But it has also served to perpetuate some very serious errors. It has one grave fault. You can see in it almost anything that you wish to see. It has but one eye and that is introspective. Moreover, its too exclusive use causes a sort of mental myopia, in which the individual can only see the magnified object before him and note its proper relation to other things.

Champagne.

Of the different forms of alcohol champagne is the most pernicious. This may sound medically heretic but is nevertheless true. Many honest, intelligent physicians prescribe champagne for obstinate vomiting, biliousness, etc., with apparent success, but it is a dangerous experiment. Champagne is so pleasant and so prompt in its effects that the individual is more apt to go to excess than had he worshipped Bacchus through any other medium, and the deleterious effects of the habitual use of champagne are more marked, more prolonged, and more serious than those of any other alcoholic beverage.

Therefore, avoid the use of alcohol in any form if possible, but by all means, let champagne severely alone.

Racial Progress.

In woman rests the hope of the race. Her frivolous career is waning. She is being educated into a reasoning, logical individuality. Man is no longer to her a provider of things material, a means to an end, through whom she attains an assured, protected position in society. Marriage appears to her more and more in the light of a will, by which she bequeaths a lasting legacy to the world in her posterity, and the man for whom she will bear children must possess gifts—mental, moral and physical—which shall enhance her virtues and supply her deficiencies.

In fact, woman is becoming exacting. She refuses to tolerate man unless she can admire, respect and love him. And men are not wholly pleased with these advanced views. It means self-denial, purity of life, and mental and physical equipoise for them. But these men are fortunately in the minority, and there is always a protest from the weak when a necessity for increased effort is made apparent.

The law of demand and supply will work as accurately here as in the commercial marts. When the demand for healthy, intellectual, upright men becomes exclusive, the social revolution already inaugurated will soon become a fact accomplished.

The Microbicide Power of the Secretions.

There is no theory too absurd for promulgation provided only it assists in propping up a little longer, the fast-falling germ theory of disease.

We are gravely told that healthy mucus has a marked microbicide power. Also that the serum of persons convalescent from infectious diseases possesses similar virtues. We are glad to know this because they are about the only two assertions in the whole absurd argument which possess a shadow of truth.

Normal secretions, whether from those who have never been ill or who have recovered from so-called germ diseases, are microbicide because they contain no purulent debris, and bacteria will not develop in inimical soil any more than flowers will grow in clay or gravel.

Malaria.

What is malaria, its cause, nature and symptoms? Let us have some views on this subject from professional men residing in districts where this state is prevalent.

Make a Test Case.

Doctor, if you are not thoroughly impressed with the vital importance of pure drugs of a standard strength—proprietary

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medicines—make the following practical test: Go out into the fields and gather, say some fresh phytolacca berries, or the root of asclepias tuberosa; make a saturated tincture, and prescribe it in an indicated case. The effect will be really magical. Then purchase a small quantity of the average druggist's tincture, made from old, dried, stale berries, or worm-eaten, disintegrating root, and try it.

The result of this experiment will be more convincing that volumes of written argument.

Quackery.

Quackery is of two kinds. There is the educated, pseudo-scientific sort, and the blatant quackery practiced by ignorant charlatans. The latter does little harm for he who runs may read; but the former is pernicious and far reaching in its effects. It is the same old story of the comparative attractiveness of vice in high and low circles.

Something to Think About.

If we adopt the new system of therapeutics devised by our foreign brethren, and with which we shall shortly be deluged, the ensuing decimation of our population will compel us to imitate France and set about adopting measures to increase the birth rate.

Cosmetic Medicine.

There is one very profitable department of medicine which has been entirely neglected by educated, qualified physicians, and that is cosmetic medicine.

The object of medical science should be not only to preserve the life of the individual, but to do all that is possible to improve him. Surgery has not forgotten the importance of cosmetic effect; medicine should take equal care. Alopecia, rough, greasy, blotched skins, absence of color, wrinkles, warts, corns, faulty development of the figure, should all receive the doctor's careful consideration, and remedies be sought.

None but a physician is competent to give advice on such points, for while appreciating the value of local treatment, he will realize that constitutional faults are often responsible for these outward signs, and that perfect health illumines the plainest features.

Cosmetic medicine may not savor so much of dignity as certain other branches of the profession; but if certain emoluments, and the appreciation, the fervent gratitude of his patients, can compensate the physician, he will never regret the time and study spent upon this subject.

The Diphtheria Bacillus.

Strenuous efforts are being made to correctly distinguish the virulent and non-virulent diphtheritic bacilli. Morphologically they are identical, and find a home in the throats of healthy people as well as those suffering from diphtheria.

The solution of this problem is so simple that it is naturally overlooked. No one can touch pitch without being defiled. Bacteria from a healthy mouth and throat are non-virulent as a matter of course, while those taken from an infected site naturally convey the poisonous virus.

Contact with a fly which has been hovering around sugar will do no harm, but if he has been investigating the nature of pus, the result may be an active inflammation.

How To Get Pure Drugs.

The best way to obtain pure drugs is to use a proprietary medicine wherever possible. These can be absolutely relied upon, because it is to the manufacturer's interest to make and keep them at the highest standard of excellence. No amount of advertising can create a continuous demand for a preparation which possesses no actual intrinsic merit. Manufacturing chemists are well aware of this fact, and doctors and patients share the benefit of such knowledge.

Where proprietary remedies or preparations from old, established chemical houses, can not be obtained, the doctor should find an honest, competent druggist, who will prepare his medicines in exact accordance with his instructions.

Theories.

The farther we get away from the practical, the farther from truth. Many beautiful and ingenious theories appeal so strongly to their authors that they cease to argue and begin to assert, long before practical demonstrations warrant

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it. It is very easy to distort facts when strongly impressed with an idea.

Distrust theories; criticise them; weigh them; test them, and be chary of dogmatic assertions based upon such quicksand foundations.

Therapeutic Speculations.

If the new lymph cure for diphtheria turns out one-half as profitable a speculation, pecuniarily speaking, as tuberculin, Prof. Koch's family need never become pensioners upon the bounty of an admiring and grateful government.

A Cholera Antitoxine.

Charity begins at home. We suggest that Prof. Koch turn his attention, and that promptly, to the preparation of a cholera antitoxine for the benefit of his stricken countrymen.

Physiology.

There is no subject of more vital importance to the physician than a thorough knowledge of physiology.

We know that there is no more efficient hepatic invigorator than a normal quantity of perfectly digested chyle; that the heart responds promptly to a plentiful supply of pure blood; in fact we have learned that physiological stimulants are unequaled; but in order to maintain perfect physical equilibrium each and every organ must do its *own* work.

Physiological substitutes which encourage functional inertia do not deceive that delicate, complex, nervous mechanism by which nature protects the organism from fraud.

The therapeutic problem is not to palliate functional aberrations by a clumsy imitation of nature's methods, but to so stimulate and rouse the organs that they may be capable of discharging each its own function silently, swiftly and without friction.

Supply and Demand.

It is stated that pathogenic spores remain dormant in the healthy body until *pathological tissue changes produce* conditions suitable to their germination and development. In other words, they are simply body scavengers, and remain inactive until there is something for them to do.

Diseases of the Eye.

The fact that many eye diseases are due to diathetic conditions is not as generally recognized as it should be. In such cases local treatment is of little permanent benefit, and glasses simply offer a premium on inefficiency.

The constitutional fault must be remedied. There is generally some error of nutrition. Either digestion is imperfect, or there is malassimilation, or hepatic inefficiency, or the eliminating organs are sluggish. Whatever the trouble may be, remedy that, and then your local treatment will yield marvellous results.

Why Remedies Wax and Wane.

Now and then a physician discovers a drug with which he works wonders. He communicates his experience to the profession, and for awhile we hear nothing but flattering reports. Then a flat failure is recorded, others follow and finally the remedy is relegated to innocuous desuetude.

Now, is it probable that the discoverer of the drug and those who participated in his early experiments were wholly misled as to the therapeutic virtues of the drug? Not at all. The first man made his own preparation; his medical brethren obtained samples from him or imitated his example; therefore they obtained accurate results. But when the drug passed into more general use, its preparation was delegated to the druggist, who knew little and cared less, about its action. So it came about that the preparation began to be made from old, desiccated specimens which had been lying around for months and years, and as a significant coincidence, the first failures of the drug were recorded at this time. Druggists are not concerned with the action of drugs. To the physician it is a matter of vital moment, and he must teach the druggist that to furnish so many ounces of a tincture or fluid extract is not the alpha and omega of his duty, but that these preparations must be carefully made from drugs which still retain all their properties, and that substitution is a crime of the first magnitude.

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Typhoid Fever.

August 26th, I was called to see a typhoid fever patient that had been given up by an old doctor of twenty-five years' practice. Found patient having a temperature of 105°, pulse over a hundred, weak; respiration thirty-eight; left lung congested; subsultus tendium, delirious, picking at the bed clothes; cough severe.

Prescribed carbonate ammonia, digitalis, hyoscyamus; also brandy, two drachms; sweet milk, one-half teacupful every two hours.

Next morning, found temperature 103°, patient rational. Substituted the muriate of ammonia and continued the above treatment. Bowels were constipated. Gave castor oil one drachm, turpentine five drops.

Twenty-ninth day, temperature 102° at eight A. M. Evening temperature 104°. I found he had one day a better day, next day worse. I was always a disbeliever in large doses of quinine in typhoid fever, although Flint and Bartholow and others claimed for it the virtues of a safe antipyretic.

The thirty-first day the temperature came down to 99°, but the patient got cold from his feet to his knees, also hands and arms; his jaws were somewhat stiff, and he would not take medicine, could hardly swallow. I ordered hot bottles of water and irons placed around him; reaction came on and his temperature came up high as ever. I now gave sulphate quinine, twenty grains; muriatic acid dil., twenty drops every four hours; turpentine, three to five drops, every three hours, and whisky and milk every two hours. This treatment brought temperature down to 98°, and I held it there by ten grain doses of quinine every four hours, until the third day, in the evening, when the temperature rose to 103½° and an erysipelatous eruption appeared on the face, apparently coming and going on some portions. The nose and eyelids were somewhat swollen.

Prescribed quinine, twenty grains; muriated tincture of iron, fifteen drops, every four hours; digitalis and minute doses of nux vomica and muriate ammonia every two hours. The temperature next morning was 98°, and now ranged between 102° in the evening and 99° to 101° in the morning, until the thirty-seventh day, when convalescence was established.

Now, what I would like to hear, would be the experience of those who have used quinine in typhoid fever. As quinine is antiseptic to a great extent, why is it not a perfectly safe remedy in this disease in large doses? I do not think it weakens the heart as other antipyretics do.

Some claim that digitalis is not a safe remedy, as there is a tendency to degeneration of the heart as well as other organs, but I feel safe in giving it.

There is nothing new in the treatment of this case, but I give it, and if anyone has any comments to offer on the case, it will be thankfully received. The costive bowels and ability of the stomach to retain all food and medicine were favorable to treatment, while picking in the air and lung complication were against the prognosis, as also the high fever and great prostration. J. H. KERN, M. D.

Palmyra, Ill.

Mississippi Valley Medical Association.

The twentieth annual meeting of this well known organization will be held, as previously announced, at Hot Springs, Ark., November 20, 21, 22 and 23, 1894.

Owing to the hearty co-operation of the railroads, the arrangements in this direction will surpass those of any previous meeting. On motion of Dr. I. N. Love, of St. Louis, a committee of five railroad officials was appointed to secure the desired reduction of rates. The committee consists of Messrs. Townsend, Crane, Snyder, Wishard and Ives.

The interest and enthusiasm manifested in all parts of the country concerning the meeting in November, is certainly remarkable. The fact that Hot Springs is to be the place of meeting, will probably be an inducement for many to attend.

Let every doctor, who can possibly leave home for a few days, go to Hot Springs in November. Let him take his family and his friends, and not only a profitable meeting, but a royal good time will reward him for the exertion.

FREDERICK C. WOODBURN,
Indianapolis, Ind. Secretary.

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Pin-Hole Os.

Was called January 4th, 1893, to see Mrs. C. in her first labor. They supposed she was in labor, as she had considerable pain in the night and slept only one hour.

At eleven A. M. I examined her per vaginam as she stood up. The head was making considerable pressure in front, carrying the vagina before it. Somewhat high up and far back I could feel the os uteri, only open enough to admit a crow quill. I argued that the labor would be tedious. I had them put her feet in warm water, etc., and give her an enema of soap-suds. I called at six P. M. and gave her an atropia and morphia tablet and warm pedaluvia.

At three A. M., of the fifth, the nurse called me up, as she had vomited, hiccoughed, etc. She had been laboring more or less all night. I examined her and found the excavation more filled up than on the previous day. I could feel some of the sutures of the child's head through the thin expanded cervix, and the os uteri dilated the size of a five-cent piece; edges of the os thin and walls of cervix thin. The labor was all the time thinning the cervix, and with that thining the edges of the os were distending also, and when the thinning of the cervix had gone on as far as it consistently could, then the expanding of the os tincæ began also and proceeded till, at ten A. M., it had expanded to the size of a twenty-five cent piece. Scarcely any or no water below head. I supposed it had staid back over and surrounding the body. I could barely put one or two fingers in the os uteri and pull it forward somewhat, and at ten A. M., I broke the membranes notwithstanding I could feel no water between the head and the membranes. I introduced one or two fingers of my left hand in the os uteri and then guided a knitting-needle with my right hand along up my left index or middle finger into the os and pierced the membranes, then giving the needle a jerk, tore the membranes; I could feel them tear and could feel some water flow. Hardly a quart of water flowed during the whole labor from this time on. She was so large that I started out with the theory that there must be considerable water which hindered the force of the labor pains, and thought I would break the bag of waters as soon as I reasonably could. It did no harm and, I think, some good, for there was not enough water below the head to aid in the expansion of the os, and the womb was able to contract better by the bulk of contents being diminished. She said the right side, during gestation, had always been the largest, *i. e.*, the greatest bulk of the fetus had been on the right side, so I concluded that the vertex was to the left. Accordingly, when labor had progressed so far that she was compelled to remain in bed, I had her lie on her left side near the edge of the bed, and she continued in that position from ten A. M. till nearly two P. M., at which time she was delivered.

The labor went on tediously from ten A. M., the os expanding all the time and pains coming on every five minutes or so. Finally, at half past one P. M., the head filled up the excavation, bulging the perineum, notwithstanding the cervix fitted over the head like a cap, the rim of the os having attained the size of my fist. I then put her on her back till delivery at two P. M. All the time I was aiding in the dilatation of the expanding os, and also perineum, which last I dilated mainly while she lay on her back by pushing down on the perineum internally during the absence of each pain, and while she was lying on left side by pulling the perineum towards the cervix with two or three fingers, between the intervals of each pain.

Finally the os uteri became completely expanded, and the bare head without the expanded cervix came completely on the perineum, so that I was obliged to tell her at each pain not to bear down, and to breathe through her mouth. I wished to avoid rupture of the perineum. The rupture was prevented and the child as aforesaid was born. It inhaled and exhaled once; but I could feel no pulsation of the heart, or cord. I could not revive it. It died immediately after delivery, partly by reason of the hard labor and partly because of the patient's recent participation in a runaway accident.

I delivered the placenta and gave her the usual after-treatment, and she duly recovered without one backset. Last May she was delivered of a good sized,

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healthy boy; both mother and boy doing well. The woman is twenty-two years of age, the wife of a Baptist minister.

The next day after her delivery, one young merchant who had just bought a pair of obstetrical forceps, informed the preacher that his wife ought to have been delivered with the forceps in one hour after the labor set in. Another young merchant, whose wife had been in labor much longer, said that if he had employed his physician the patient would have gotten along better.

I merely mention these criticisms to show, how in difficult cases, some will censure without just cause.

SILAS HUBBARD, M. D.

Hudson, Ill.

Reply to Dr. C. D. R. Kirk of Mississippi.

Indeed, it is a consoling fact that all men do not think alike and have not the same experiences. Having noticed the doctor's response to my article on erysipelas in the June BRIEF, I thought I would reply and not allow him to labor any longer under an erroneous impression concerning my views on said disease.

It is very evident that the doctor does not understand me. In my article, I had reference to simple cutaneous erysipelas. Now, I do claim that iron is the remedy in simple erysipelas without complications.

I gave as my treatment, mercury in the beginning, iron every three or four hours in twenty-drop doses, local applications of sugar of lead and laudanum, quinine and lard.

I readily admit that phlegmonous erysipelas would not succumb to the iron treatment.

The doctor has considerable advantage of me, inasmuch as he has many years experience; therefore I, being a novice in the profession, must be careful how I advance.

I, too, think it wrong for any physician to believe one remedy sufficient to cure a certain disease in all of its forms; but, on the other hand, I admire it in any man to claim for a remedy what it has already done. There is no remedy that will so adroitly, yet mysteriously, relieve simple erysipelas as will the tincture of iron. This I claim, yet I am not a single remedy man, neither do I desire to isolate my successful brother.

I have been practicing medicine only a short time, and am proud to say I have gotten my portion, too, and as yet no scientific boat has upset my empirical one, or drifted between me and my supporters. I have treated a few cases of erysipelas with iron and other preparations. Never knew any one to be injured by the use of said drug; but as my experience is so limited, will ask the doctor to tell us in what way does iron bring about so much harm? It is a diuretic; it is injurious to the teeth, constipates, and enriches the blood. I have never considered these harmful effects.

The doctor makes the right impressions. We should all try to be scientific. Yes, we should dispel the clouds and mists of visionary theories and add momentum to the wheels of science which are now revolving harmoniously to the majestic music of the spheres. Allow all to express themselves, as freedom of speech is given. Let all persevere, and success will bring her reward to our unremitting toil.

Trusting I am now understood, will desist. J. LOUIS SNOW, M. D.

Collirene, Ala.

Rheumatism.

The "what is it" sure rheumatic cure, spoken of by Dr. Gillespie, in the June issue of the MEDICAL BRIEF, is the fruit of "bear's claw," called bear's claw berries. It is a shrubby plant, growing high up in the mountains. The leaves are four-cornered, square; the plant itself is very rare and but little known.

I got this information from a man who knows them well and has also used them for rheumatism, neuralgia, sciatica, etc. He has been with the Indians for ten years, and was an assistant to the medicine man. I wish I knew where to get them or how to get them.

Moberly, Mo. F. G. DAMNITZ, M. D.

Chronic Gastric Catarrh.

I used Seng in a case of chronic gastric catarrh which had been treated by other physicians, with the very best results. L. E. FISHER, M. D.

Baring, Mo.

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Dental Briefs.

Cultivate the art of thinking.

Cocaine should be used with much care.

Canals should be absolutely dry before filled.

Honesty still continues to be the best policy.

There are about fourteen thousand dentists in this country.

See that the hands are clean and free from odor while operating.

To secure the retention of cotton in a cavity, coat with sandarach varnish.

A crystal of carbolic acid placed in the cavity of a tooth, will usually obtund sensitive dentine.

The overtreatment of diseased roots, it is well known, will defeat its own object, and destroy what has already been accomplished.

In accidental pulp exposure, apply morphine and carbolic acid, cap and insert temporary filling of oxyphosphate or gutta-percha.

Carbon bisulphide will remove the inferior grayish-black color so frequently noticed after a black rubber plate is polished. Wash plate thoroughly after its use.

In every pursuit of life, the well-trained man or woman secures the best position. This is very observable in the art of dentistry. Those that reach the highest round of Fame's ladder are those whose excellence has involved an exacting and long-continued training.

To eliminate all danger in the injection of cocaine, Ganther, in *Am. Med. and Surg. Bulletin*, gives the following formula:

R.	Cocaine Hydrochlor.....	8 grains.
	Alcoholis Sol. Nitro-glycerni, 1 per cent 10	minims.
	Aquæ Dest	2½ drachms.

Each syringeful (sixteen minims) contains one-third grain of cocaine and one minim of nitro-glycerine solution. Instead of collapse, the face flushes, the heart beats quicker and stronger, and the patient is altogether comfortable.

To insert an impression cup properly, and with as little discomfort to the patient as possible, place obliquely one side of the cup in the corner of the mouth nearest to you, and press it toward you, while the opposite side should be gently extended by the little finger of the left hand; the cup should then be slowly passed into the mouth with a rotary movement until the handle is in line with the nose, then press upward.

Dr. T. P. Hinman gives us the following excellent method to protect the tips of porcelain teeth in bridgework: Use teeth with vertical pins. Bevel tooth to knife-edge from lower pin to cutting-edge. Back with 22 k. gold, but do not burnish backing to beveled surface; cover this with wax, except part over bevel; invest, covering all of the tooth but wax. When set, remove wax and flow enough solder to restore contour of tooth; polish each facing, wax into position on bridge, re-invest and solder joints. When bridge is otherwise finished, burnish the portion of gold not covered with solder down to beveled portion of tooth.

D. E. WIBER, D. D. S.
Washington, D. C.

Treatment of Undescended Testicles.

In answer to Dr. F. V. Winstead's request for treatment of undescended testicles, located in the inguinal canal, will say it is a condition frequently seen by surgeons devoting special attention to hernia. In the case described by the doctor, in which both testes are retained in the inguinal canals (*crypt or chidism*), the condition is more serious, as the testes remain soft, undeveloped, and the individual is generally, if not always, sterile, although sexual power and appetite usually remain unimpaired or even apparently sometimes increased. [Veterinary surgeons observe that crypt or chidism in the horse is always associated with sterility, and that such animals (*originals*) show a restlessness not only in the "season," but all the year round]. When only one testis is retained (*mon or chidism*), the descended testis, if normal, is sufficient for procreative purposes.

Misplaced testes in the inguinal canal are especially liable to injury and orchitis, and when this occurs the symptoms are much more severe than when the testis is normally situated within the scrotum. Undescended testes, however, have a tendency to follow nature's course and become located sooner or later in the scrotum. Frequently this does not occur till puberty or even later. It has been known to descend as late as thirty years

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after birth. When the descent is after birth, there is great probability that a portion of intestine will follow it, constituting congenital hernia, and this protrusion prevents the proper closure of the openings. As a rule, the later the descent of the testis through the rings, the larger and less disposed to close is the hernial opening which results. In many individuals, not ruptured in childhood, a late descent of the gland leaves a patulous condition of the external ring which greatly predisposes to the subsequent formation of a hernia; since the only resistance in such cases is a limited extent of adhesions at the upper part of the canal and internal ring, also generally associated with a feebleness and deficiency of the lower fibers of the internal oblique.

When the testes do not descend of their own accord, the organ can in early life be manipulated outside of the external ring and finally placed in its normal position. In some cases it requires several weeks of daily manipulation to place the testes beyond the external ring, but as soon as they are in that position an elastic truss with water pads should be applied and worn continuously. The truss pressure not only prevents the return of the testes into the canal, but also prevents the protrusion of the intestine. By these frequent manipulations, and the constant truss pressure, the cords are gradually lengthened; the testes being outside the canal, develop normally, their integrity is preserved, and the risk of strangulated hernia is greatly lessened. A patient with the testes in the canal and not protected by a truss, is always in danger of a strangulation.

Some have supposed that a truss can not be tolerated under these circumstances, or that the instrument will prevent the final descent, or that atrophy of the testis will result from the presence. In the majority of these cases the testis has no more than the ordinary amount of sensibility, and wherever the testis may be, a truss, if of proper kind and correctly applied, can be worn without in the least incommoding the patient.

The notion that a truss may cause atrophy of a belated testis, has probably arisen from the circumstance that these testes are generally small and ill-developed. The truss is powerless to prevent, but does materially assist the descent of the testes, and nature is thus assisted by mechanical means and skillful manipulation.

However, the hernia remains uncured, and the patient is only protected from accident by the truss, which at best is only a palliative and not a curative treatment. The rational treatment for this congenital hernia (or in fact any hernia that is reducible) is the subcutaneous operation by which the rings and canal are permanently closed by adhesive inflammation and the rupture is radically cured.

D. D. RICHARDSON, B. S., M. D.
Dayton, O.

Chilblains and Bromidrosis.

April 29th, Mr. B. called at my office, telling me that he had been troubled, for twenty-two years, with his feet; stating that he had tried more than a half dozen physicians, and none of them had given him any relief. He said that he wore out a pair of socks every few days; the bottoms and sides of his feet were bleeding, and gave forth an extremely offensive odor. Congestion, attended with itching, alternating with extreme tenderness. There was some vesication of the skin. He said usually there was a daily attack of congestion, occurring in the afternoon, with increased heat and swelling, followed by itching and swelling and finally soreness, aching, and extreme sensibility. My treatment was as follows:

R.	Tinct. Iodini	3	drachms.
	Tinct. Cantharides	8	drachms.
	Spts. Chloroformi	2	drachms.
	Spts. Etheris Nitrosi	1½	drachms.
	Aquæ Ammoniæ	2	drachms.
	Acid. Boracici	20	grains.
	Zinci Acetatis	10	grains.
	Plumbi Acetatis	6	grains.
	Lye Soap	1	ounce.

M. Sig.: One application every night after bathing feet well.

I saw the patient September 4th; he told me that his feet were as well as any man's feet, and said to me, "If you move off, that is, out of our settlement, I want you to make me a jug full of it." Hope that this may be of benefit to some brother. I have got some good information from the BRIEF and wish every doctor were a subscriber to it.

JOSEPH J. PARKER, M. D.
Shinbone, Ala.

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Various Topics.

Foreign physicians appear to think that their American brothers will accept *any* new remedy for cholera and diphtheria without investigation and upon faith. The American physician *is not* a fool, but, on the contrary, a progressive, hustling and scientific man. The new remedy for diphtheria is not what it is claimed to be.

1. Because it promotes blood poisoning.
2. Because it augments the action of the heart.
3. Because it needs another antiseptic to counteract its effects.
4. Because it sets up extraordinary skin action, and promotes pustular eruptions on the back, legs and throat. The reported cures made by it are not cures at all, because they rest upon mistaken diagnosis.

This new remedy is soon to be tested in Chicago. My word for it, IT WILL PROVE A FAILURE.

The physicians who are writing about antitoxine are in the business for advertising and fame verily! Antitoxine and anticholerine are back numbers. A system poisoned by any poison needs support, and the introduction of another poison is a wrong method of procedure. The indications in diphtheria are—

1. Alimentation by foods.
2. Support of the heart.
3. Stimulation by alcohol.

In diphtheria many die from *starvation*, due to local throat symptoms.

The physician who overlooks the general for the local condition errs, and if he gets to rely upon this antitoxine, he will certainly neglect the general condition. We run after "fads" too much. Support, feed and stimulate all cases of diphtheria.

The majority of face presentations correct themselves. There is too much meddlesome midwifery extant.

Rules in Diphtheria.—Support and feed your patient. Give light broths, milk, and, when the heart's action is weak, give stimulants. Milk punch and light broths *always*.

Treat local lesions with the atomizer, and with carbolic sprays. Fluid extract of thuja, or any preparation of chlorine, will answer. Quinæ where the patient resides in a malarious country.

It is simple and foolish to take a remedy *cum grano salis*, because by so doing some better and more sure curative agent is liable to be overlooked. The German system is different from the American system. Climate and local surroundings, and education, make a heap of difference in treating any disease. Antitoxine may cure German diphtheria, it will kill Americans suffering with the American form of the disease. *Verb. sap.*

American physicians are, without doubt, the greatest therapeutists in the world. When a new remedy is brought forward no less than sixty thousand physicians at once try it and find out its merits and defects. The climate of the United States is so variable and so different that once the virtue of a drug is established, it is an easy matter to predict how it will act in other countries. It is for this reason European physicians follow this country.

"When a person takes a dose of medicine," said a doctor, "he never stops to consider what a wonderful provider nature is. When you consider that we are able to give drugs which will go through the entire system without having any effect upon any part or organ until it comes perhaps to some nerve upon which it expends all its force, it is indeed a miracle of the most wonderful kind. We don't know why it does it, but we know what it does. The progress in materia medica has been wonderful. By provings the specific effects of drugs have been discovered, so that they can be given with specific results. Medicine is gradually emerging from the dark valley of guesswork into the bright sunlight of science.

The modern physician does not make a mixture of seven or eight drugs, hoping that some one of them will produce the effect desired. He does not take chances upon striking a remedy one in seven. He knows now just what drug will produce the results he wants, and he prescribes that. I attended a man the other day who had not been sick for twenty or thirty years. I went into his room, and after observing his symptoms asked for half a glass of water, into which I dropped a small pellet, a triturate. The old man looked at me after I had given him a dose of it and then smiled.

'Well, doctor,' he said, 'you treated

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me for this complaint when I was sick many years ago, and I must say the remembrance of the taste of the medicine you gave me then is still vivid. I don't think that a person could have mixed a more horrible concoction than that was. Now you treat me for the same disease, and the drug is almost tasteless How do you account for that?'

'Progress,' I replied. And progress it is! Every day increases our knowledge of drugs and our power to alleviate suffering and save human life."

Although many of the laity deny that microbes cause disease, still the reasons for such denial are based upon prejudice rather than knowledge. More than one case of typhoid fever and diphtheria has been traced to milk and to well water, contaminated by sewage. A manufacturer in Arlington quite recently obtained a judgment against the city of Boston, Mass. It appears that his workmen became sick from the sewage of Boston. The Supreme Court rendered a verdict in his favor. The hen and other animals are the material in which microbes find a nest.

Dr. McClintock of the University of Michigan has performed experiments which indicate that eggs may become infected with microbes before they are laid. A healthy hen, after repeated washings in sterilized solutions, was placed in a sterilized cage. As soon as possible after being laid a portion of her eggs were placed in sterilized cotton and then in an incubator. All these eggs decayed and swarmed with bacteria. The remaining eggs were taken as soon as laid, and cultures were made from their contents. Some of these culture tubes developed; others remained sterile. after some days the hen was killed, and with proper aseptic precautions culture tubes were inoculated from various portions of the oviduct. Most of these tubes developed. It would thus seem probable that the putrefactive bacteria entered the egg in its passage down the oviduct and before the shell was formed.

There are three methods advocated by rectal surgeons for hemorrhoids:

1. Ligating the tumors.
2. Injections into the tumors.
3. Burning the tumors with nitric acid.

All methods have earnest, scientific and skillful advocates. All are open to serious objections. The older and more conservative surgeons used ointments, and one or two boldly plunged the lance into the projecting tumor. The ointments used by many were but paliative. Here is one:

R. Ext. Belladonna ..... 1 drachm.
Vaseline..... 1 ounce.
M. Sig.: External use. Keep from eyes.

Where the tumor is soft and full of blood, it can be emptied by a syringe through a very small opening. Where it is hard the matter is not so easy. Dr. Kelsey, of New York City, amputates part of the rectum in some cases, especially those cases where prolapsus recti presents a complication for treatment. This ointment given above is the best I have tried.

L. G. Doane, M. D.
New York City.

Snake Weed.

In response to the question of Dr. J. S. May: "What is snake weed?" the name proper is polygonum bistorta, a native plant of Brittain. It possesses a styptic taste, and the root is a powerful vegetable astringent. The dose is fifteen to twenty drops in disorders of the bowels.

But this is not the snake bite cure, nor should the latter be called snake weed. Chick weed, or alsine media is its proper name. This weed will cure snake bite every time without fail.

Take as much as the hand can span tightly, stems and all at length, put in soft water and scald for twenty minutes, then pour off the liquid. Dose, one ounce every twenty minutes until the symptoms ameliorate, then every three hours as needed.

Apply tobacco, well moistened, to the wound, and if no tobacco can be had, use tincture iodine. If no chick weed is obtainable, give iodine internally, to an adult, one teaspoonful every two hours in thick molasses.

Eldon, Ia. B. S. Shaws, M. D.

Indigestion.

I will say Seng is the finest medicine I have ever tried.

Zion, Miss. R. B. Austin, M. D.

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The Modern Belle.

The old-time belle, with her languid air,
And her helpless, indolent way,
Is in total eclipse by the fine physique
Of the beautiful Hebe of to-day;
For the fetters of custom's invisible chain,
That environed the maiden of yore,
Have fallen, like slavery's shackles, away,
And henceforth can bind her no more.

In freedom she stands, without a restraint,
Save that of her womanly heart,
Rejoicing that in the drama of life
She is playing her natural part.
Proclaiming the right to be tender and true,
The right to be healthful and strong,
The right to be happy, useful and good,
And glad as the bright days are long.

She never forgets—the belle of to-day—
Tho' engrossed by themes of the hour,
That in *personal* charms to wondrous extent,
Lies hidden her secret of power;
For witchery lurks in a graceful form—
In silken, shimmering hair—
In rose-tinted lips—in pearly white teeth—
In *all* that makes woman fair.

So, worldly-wise, our far-seeing belle,
Equipped for conquest complete,
Supplies her toilet with dainties that make
Her person exquisite and sweet.
And chief amongst her accessories,
In a place conspicuous is seen
Her favorite bottle—that oftenest used—
Bearing a label that reads—*Listerine.*

—*Chaperone.*

A Large Child.

I wish to report a case in obstetrics that I suppose will be the subject of doubt, but which can be proven by several prominent parties to be the plain, unvarnished truth.

The case was perfectly normal, except the size of the child. However, I will give a short history of it:

I was called to visit Mrs. R., living a short distance in the country, on the morning of June 17th, 1894, at seven o'clock, and delivered her, alone and without the use of instruments, of a male child weighing eighteen pounds without a particle of clothing on. The child was dead and had been for quite awhile, as the skin would slip when the grip was applied.

She was delivered at one o'clock P. M., just six hours from the time I arrived. There was no rupture or laceration of the perineum, and she made a good recovery.

I report this, as it was the largest child, delivered without the use of instruments, I had ever heard of. It required a three foot coffin for the corpse.

Argyle, Ia. JOHN J. RIGG, M. D.

Medical Education.

Disease is cosmopolitan—is as boundless as the habitation of man. Disease and death exist wherever human beings have found a habitation. Disease, pain, sickness and suffering are the common heritage of all. Montaigne says that "the sovereign precept is to conform to nature." It is natural for the human family to sympathize with a fellow-being in pain, disease or distress, and to try to administer something for the relief of pain, or the palliation or cure of disease. Montaigne also says that "Nature always gives better laws than we ourselves make."

Nature—the spontaneous outpourings of the sympathies of the human heart—has responded to the demands of the human family for the relief of pain and the cure of disease. Knowledge of disease, and of the remedies for the cure of disease, is not the divine heritage of a favored few, belongs to no trust, nor can the divine right of knowledge be conferred on a favored few by an act of the Legislature, or by the Senate of the State, or Congress, or U. S. Senate; for as boundless as the habitations of man so is the capacity of the human mind to acquire knowledge.

Confucius says that "Man is greater than any system of thought." So the demand for the exercise of the liberties and rights of any individual is greater than any system of laws, so long as the welfare of others are not interfered with in the exercise of the liberties and actions of the individual being.

The knowledge of disease is acquired by study and experience, and skill in the cure of disease is acquired by study, experience and practice. No statute, no law, no act of the law-makers in any land or clime, has any right to prohibit a human being from doing anything to a fellow-creature for the relief of pain or the cure of a disease.

When I entered upon the study of medicine, I had a broad view of the medical profession. I expected that when I obtained my diploma, that anywhere in the United States it would confer the right to practice, without the necessity of going before an inquisition known as an examining board. If I choose to go from one State to another, I am warned

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that I must appear before another medical inquisition, known as an examining board, or board of examiners, and that my diploma is only a passport to the examining board, or board of examiners, and that their decision is final; that they are vested with the chief authority.

Away with such laws; they interfere with human rights, with human liberties, and are a menace to the welfare of the human race.

If the State laws can not confer authority to make a legal graduate a legal practitioner in any State in the United States, then let the United States Congress pass a law; establish a national medical college, and let each State pass an act to recognize the diplomas from such college. And let every physician in the United States petition his representative, both State and National, for the enactment of a law establishing a National University, or National Medical College. W. H. S. CRABB, M. D.

Spring Lick, Ky.

Liquor Picis Alkalinus.

As there are several allusions to my writings in the issue of the MEDICAL BRIEF for September, 1894, I trust that I will be pardoned for making a correction in regard to one of the items referred to.

On page 1086, a formula for liquor picis alkalinus is given, which differs so materially from that which I gave when I introduced the solution, and named it thus, that I think it wise to make the correction.

In the Archives of Scientific and Practical Medicine, edited by Drs. Brown-Sequard and Seguin, February, 1873, p. 127, the original formula appears in an article upon "The local use of tar and its derivatives in the treatment of skin diseases." The name there given to the solution has adhered to it, and it is the common property of the profession, its virtues being well known to all.

The correct formula there given is as follows:

R. Picis Liquidas	2 drachms.
Potassæ Causticæ	1 drachm.
Aquæ	5 drachms.

This, you will perceive, contains double the proportion of tar to that given in the formula published by you, an important item, as I have not found it necessary to change my formula, nor to change my views in regard to it, since I first proposed the solution over twenty years ago.

L. DUNCAN BUCKLEY, M. D.

New York.

Dental Plates.

In reply to query of Dr. Blakely, in MEDICAL BRIEF of May, 1894, will give the benefit of my observation and experience with artificial teeth.

In my study of dentistry years ago, I learned from Dr. W. E. Dunn, of Ohio, the process of manufacturing porcelain plates, in which teeth and plate are of one material—porcelain—and therefore inert; no metal, rubber or celluloid.

To a physician this fact will need no comment. I am not now practicing, but during the many years that I was, and since, I have never found any other class of plate that so completely combines all the required requisites for a perfect one. From some there is mercurial poisoning, from others galvanic action caused by combination of metals—gold, copper, zinc, platina, all in one plate. Place this combination in contact with the delicate tissues of the mouth, furnish an acid, and the result is obvious.

I trust that my experience may be of service to Dr. B. and possibly others.

A. A. SLOTNER, D. D. S.

Springfield, O.

Gastric Debility.

I prescribed Seng in two cases of gastric debility, and its action was very gratifying to both patient and myself.

D. S. FISHER, M. D.

Valley City, Ind.

Help Find the Lost.

Should any brother M. D. know anything of the whereabouts of one Edwin P. Reeves, who went from San Francisco, Cal. to St. Louis, Mo., about a year ago, he will confer a lasting favor by communicating the same to the undersigned at Lone Grove, Tex.

Description.—Aged thirty-five years, height, six feet one inch; weight, one hundred and eighty pounds; stoop-shouldered. Was engaged in draying at No. — ——street, when last heard from. C. S. REEVES, M. D.

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Reliable Formulae

SENILE INSOMNIA.

R. Tinct. Ipecacuanhæ et Opii..... 1 ounce.
Papine..... 3 ounces.

M. Sig.: Teaspoonful on retiring. May be repeated in an hour.

TONSILLITIS.

R. Hydrarg. Bichloride..... 1 grain.
Potass. Chloratis..... 64 grains.
Ammoniæ Muriatis..... 64 grains
Tinct. Ferri Chloridi..... 4 drachms.
Syr. Aurant..... 4 ounces.

M. Sig.: A teaspoonful in hot water every three hours, the throat to be gargled with hot water just before taking, and immediately thereafter.

HEMORRHOIDS.

Dr. Jose Meseguer Lacruz, of Vinaroz, recommends a preparation composed of:

R. Picis Liquidæ..... 45 grains.
Ext. Belladonnæ..... 45 grains.
Glyceriti Amyli..... 1 ounce.

M. Sig.: Apply morning and night.—*El Siglo Medico.*

BRUISES.

R. Listerine..... 1 ounce.
Glycerine..... 1 ounce.

M. Sig.: Paint the injured surface frequently.

URTICARIA OF CHILDREN.

R. Chloralis..... 1 drachm.
Pulv. Camphoræ..... 1 ounce.
Pulv. Acaciæ..... 1 drachm.
Cerati Simplicis..... 1 drachm.

Mix and triturate well. Sig.: Apply locally to affected parts.—*L'Union Medicale.*

DEBILITY, GENERAL AND SENILE.

R. Phosphori..... 1-50 grain.
Ferri Redact..... 1 grain.
Quin. Sulph..... ½ grain.
Strychniæ..... 1-60 grain.

M. Sig.: One three times a day.

ALOPECIA.

Shampoo the head and thoroughly cleanse with cold water. Dry and put on the following:

R. Corrosive Sublimate..... 8 grains.
Aquæ Dest..... 5 ounces.
Glycerin..... 1½ ounces.
Cologne..... 1½ ounces.

Then having dried the hair rub with

R. Alcohol Absolute..... 3 ounces.
Listerine..... 2 ounces.

And lastly, with

R. Salicylic Acid..... 80 grains.
Ext. Benzoin..... 45 drops
Neats Foot Oil..... 3 ounces.

PNEUMONIA.

R. Tinct. Aconiti..... 24 minims.
Tinct. Opii Camphoratæ..... 2 drachms.
Liq. Ammonii Acetatis..... ½ ounce.
Syr. Zingiberis..... ½ ounce.
Aquæ..... q. s. ad..... 6 ounces.

M. Sig.: Half ounce every two hours.

RHUS POISONING.

R. Tinct. Lobelia..... 2 ounces.
Spts. Æth. Nitros..... 2 ounces.

M. Sig.: Apply locally to affected parts three times daily.—*Med. Summary.*

TO RENDER EXALGIN SOLUBLE.

P. Cesaris finds that exalgin dissolves in a solution of salicylate of sodium, and proposes the following formula:

R. Exalgin..... 15 grains.
Sodii Salicylat..... 15 grains.
Aquæ Dest..... 2½ drachms.

Mix.

It is said, however, that upon cooling a portion of the exalgin is deposited at the end of a few days.

DIARRHEA.

R. Papine..... 2 drachms.
Acid. Nitro-Mur. Dil..... 6 drachms.
Aquæ Camphoræ..... 1 ounce.

M. Sig.: Take one-third to one drachm every two or three hours.

GLYCOSURIA.

Dr. L. D. Kastenbine regards the following as an excellent prescription:

R. Acid. Lactici..... 1 ounce.
Aquæ Dest..... 1 ounce.

M. et ft. mist. Sig.: Teaspoonful in water, before meals.—*Med. Bulletin.*

A VALUABLE TONIC.

R. Huxham's Tincture..... 2 ounces.
Tinct. Nucis Vom..... 1 drachm.
Chlorate Potash..... 1 drachm.
Water..... q. s..... 6 ounces.

M. Sig.: Take a tablespoonful every three hours.

TO SOFTEN THE HANDS.

R. Liq. Potassæ Arsenitis..... 4 ounces.
Glycerini..... 8 ounces.
Bay Rum (genuine)..... 16 ounces.
Aquæ Pursæ..... 32 ounces.

M. Sig.: Use as hand wash.—A. C. HEWITT.

OTORRHEA.

R. Acid. Nitrici..... 10 drops.
Aquæ..... 8 ounces.

M. Sig.: A teaspoonful of this mixture thrown into the ear two or three times a day will put a stop to the disease in less than a week.

COLLYRIUM.

A good collyrium is made as follows:

R. Sulph. Morph..... 8 grains.
Potass. Sesqui. Carb..... 4 grains.
Muriate Hydrastis..... 2 grains.
Glycerin..... 1 ounce.
Aquæ Rosæ..... 2 ounces.

M. filter. Sig.: Use one or two drops in the eye twice daily.—*Med. Summary.*

FOR INGROWING TOE-NAIL.

R. Hydrochloric Acid..... 1 drachm.
Nitric Acid..... 1 drachm.
Zinc Chloride..... 1 ounce.

M. Sig.: Apply one drop to the affected part once a day. This gives instant relief to the pain caused by ingrowing toe-nail.—*Prescription.*

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Symptomatology.

CROUP.

1. Hoarse, barking cough.
2. Huskiness of the voice, which is high-pitched.
3. Moderate fever.
4. Progressive, obstructed respiration.
5. Laryngeal spasm.
6. Severe dyspnea.
7. Stridulous, abortive cough.
8. Albumen may be present in the urine.

DYSENTERY.

1. Chills and fever, sometimes rigors.
2. Pain along the descending colon and about the sigmoid flexure, increased by pressure.
3. Colicky pains and tenesmus.
4. Discharge of mucus, blood-tinged; occasionally of scybalæ.
5. The evacuations soon consist of mucus alone, containing whitish granules, blood and epithial débris. In severe cases, the mucus changes to a puriform fluid, very fetid, and real hemorrhage occurs.
6. Nausea and bilious vomiting.
7. Strangury; urine scanty, high-colored and acid.
8. Great prostration.

BRONCHITIS.

1. Chilly sensations often associated with light fever.
2. Pain in the back and extremities.
3. Coryza.
4. Sore throat with some hoarseness.
5. Tightness or constriction in chest.
6. Soreness beneath the sternum and thoracic pains.
7. Harsh, nearly dry, cough.
8. Frothy expectoration, sometimes blood-streaked, develops in one or two days.
9. Dyspnea in proportion to the extent and intensity of the inflammation.
10. On physical examination, dry, sonorous and sibilant râles will be heard early in the disease, later becoming moist, mucus râles. Vesicular murmur harsh, diminished or suppressed; expiration prolonged; bronchial fremitus, marked in children.

HIP-JOINT DISEASE.

1. Lameness.
2. Pain, varying in degree and situation, but usually referred to the knee or inner side of thigh.
3. Altered position of the limb. In the early stage of the disease, the joint is flexed, abducted and rotated outwards, making the affected limb appear longer than its fellow. Later in the disease, the adductors gain control, and the joint is flexed and adducted, giving an appearance of apparent shortening, which becomes real when the absorption of the acetabulum and femoral head permits dislocation of the joint upward.
4. Loss of movement in the joint. This is the earliest, most constant and most reliable sign of hip disease. If rotation, as well as the other movements, is distinctly impaired, it is certain that the joint is diseased.
5. Muscular wasting is an important sign, and is seen early. There is a flattening of the hip, loss of the fold at the lower border of the glutens, shrinking of the thigh and general flabbiness of the muscles as compared with the opposite limb.
6. Swelling.
7. In diagnosing this disease, the possibility of amyloid degeneration of the viscera, or tubercular meningitis, as complications, must not be forgotten.

CENTRAL SARCOMA OF BONE.

1. Deep-seated pain of a gnawing or bursting character, with some tenderness.
2. Swelling, which increases rapidly, and is characterized by entire absence of all signs of inflammation.
3. The skin over the swelling is white and glossy, with blue veins coursing under it.
4. When the growth has attained considerable size, a mere shell of bone covering it, manipulation may produce a peculiar sensation of crackling.
5. When the tumor escapes from its bony envelope, the soft, baggy, semi-fluctuating nature of the growth is easily perceived. In some cases, there may be a bruit or even visible pulsation.

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Therapeutic Suggestions.

SALO-SEDATUS is a safe and pleasant antipyretic.

To cure ringworm touch it with caustic ammonia, and the thing is done quickly.

SMALL doses of Fowler's solution will quickly relieve the vomiting of drunkards.

CELERINA should be tried in lumbar pain, frequent micturition and intestinal indigestion.

TONSILLITIS is much benefited by calomel, in one-fourth to one-half grain doses, every two hours.

A BIT of lemon peel chewed just before a noxious dose of medicine is taken, will dispel the taste of the dose.

CREASOTE should not be employed in cases of tuberculosis in which hemorrhage or hectic fever is present.

A GARGLE of Listerine, with a few drops of carbolic acid, will often give more relief than a cough mixture.

FOR gathered breast, give twenty drops fluid extract poke root every three hours in water. Will cure in forty-eight hours.

HEPATIC insufficiency is the preliminary step toward malarial intoxication. Chionia will promptly overcome this condition.

COPAIBA BALSAM is a sovereign remedy for frost-bites. One or two applications over night often sufficing to establish a cure.

ALOES applied to an ulcer or a denuded spot will as effectually and promptly prove cathartic as when administered in the usual way in pill.

HYPODERMICS of atropine and morphine will cure sciatica if given twice daily and persisted in up to toleration, then gradually reduced.

PHOSPHIDE OF ZINC, one-tenth grain, and ext. nux vomica, one-fourth grain, in tablet or pill form, will be found extremely useful in spinal irritation.

NOTHING in the range of therapeutics is so necessary as a remedy to correct abnormal conditions of the digestive apparatus. Seng will do this every time.

LIQUOR ARSENICALIS, one, two or three minims, according to the age of the child, two or three times a day, is recommended by Simpson for the treatment of warts.

ONE drop tincture aconite root in water will often control vomiting; if much nervous excitement, small quantities of belladonna combined will give immediate relief.

TO radically cure the opium habit, take the opium in the usual quantity with gamboge, adding one part of gamboge to three of opium. Stomach disgust soon follows.

CHRONIC asthma is often cured by apomorphia, commencing with one-thirtieth of a grain three times a day, and gradually increasing until one-fourth grain is tolerated.

IT is said that impurities in the bromides prevent their acting as they should and account for some of the failures when given for nervous troubles. Peacock's Bromides are chemically pure.

QUININE will have no beneficial effect in cases of malarial fever, unless it be given soon enough before the occurrence of an attack, so that it will be absorbed before the attack manifests itself.

IN primipara suffering from tedious labor, strychnine, hypodermically, in doses of one-sixtieth of a grain every fifteen minutes until one-twentieth of a grain has been administered, is indicated.

IN hemorrhoids where the tumors are very tender, and there is a burning, aching, crawling sensation, with intense itching in the anal region, muriatic acid, one ounce to the pint of water, will give prompt relief.

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Enclosed $2.00 for two ounces of Salo-Sedatus. The only fault I have with it, it don't last long enough. I am using it in dysentery and it acts nicely. Can't get along without it. W. F. CLARK, M. D.
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Enclosed find $1.00, for which send me one ounce of Salo-Sedatus, in five grain tablets. I find them very effective in fevers, neuralgia and headache.
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I find Salo-Sedatus all that in its effect and application I could desire, and feel like I could not get along without Salo-Sedatus. J. L. ISAACS, M. D.
Handley, Tex.

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THE

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PRACTICAL MEDICINE.

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VOL. XXII. ST. LOUIS, MO., DECEMBER, 1894. No. 12.

A Case of Appendicitis with Two Perforations, the Last of Which was Followed by General Peritoneal Infection—Operation—Recovery.

BY PROF. A. C. BERNAYS,

Of the Marion-Sims Medical College, St. Louis, Mo.

The subjoined clinical history is a very interesting one, and it proves that general peritonitis following intestinal perforation can be successfully treated by prompt surgical interference.

Case. L. M., twenty-one years of age, patient of Dr. W. W. Graves, residing in North St. Louis. The patient is a powerfully built young man, who was quite well until Friday morning, March 9th, 1894. Soon after arising on that day, about an hour after breakfast, having gone from his home to his place of business, he felt a pain of excessive violence in the right lower region of his abdomen. Feeling very weak, he was obliged to return to his home and lie down. In the evening frequent attacks of vomiting occurred, and the abdomen began to swell and become like a drum, although patient had a large evacuation of his bowel the same evening. That night the young man vomited everything he took, and could not rest or sleep on account of the pains which spread over the whole belly.

After carefully questioning the patient, Dr. Graves, who was sent for on Saturday morning, elicited the fact that the patient had had a somewhat similar attack, which was treated as indigestion and which entirely disappeared in two days. This first attack had taken place about fifteen months before the present one, and patient describes having had sudden pains in the right side, vomiting and prostration, but the impression made on the patient's mind by this first attack does not seem to have been a very deep one. Since then he has been well, his appetite and digestion normal, and no pain in his belly until Friday morning, as described above.

I was called to perform the operation on Sunday morning, March 11th, 1894, by Dr. Graves. I saw the patient fifty-three hours after the access, and found the following condition at that time:

Patient makes the impression of a very gravely affected person, though when the operation is mentioned he brightens up very much and objects very strenuously at first. Temperature is 100½°, pulse one hundred and eighteen, regular and fairly strong. Respiration is accelerated, of a purely costal type; the abdo-

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men absolutely motionless, tympanitic and drum-like all over, very painful alike on light palpation or percussion. The dependent portions are slightly edematous, and the skin over them appears congested. A resistance can be made out between the right anterior-superior spine of the ilium and the umbilicus, the dullness on deep percussion being more distinct towards the iliac spine. This area of resistance is about three and one-half inches long, parallel to Poupart's ligament, and is exceedingly painful to the touch. It appears as if the ascending colon was surrounded by an exudation and, also, as if the pelvic cavity were full of fluid. The tongue is moist, but heavily coated; all other organs of the body are normal.

Dr. Graves' diagnosis of appendicits was concurred in by me, but the diagnosis before the operation as I formulated it was: General peritonitis, probably supervening upon a perforation of the vermiform appendix.

The surgical indications which I acted upon were, (1) *if possible, to suppress the further entrance of intestinal contents into the abdominal cavity, and* (2) *to make an opening for the escape of the extravasated stercoraceous matter.*

The operation was performed about ten A. M. I was assisted by Drs. Graves, Weiterer and Shanklin. The usual antiseptic preparations, chloroform narcosis. Incision along the lateral margin of the rectus, about four inches long, beginning one inch above Poupart's ligament. A branch of the internal epigastric was cut and ligated. The fascia transversalis and the subperitoneal fat are thickened as well as the peritoneum itself. The peritoneum was divided the whole length of the incision, and at the first opening there was a gush of turbid greenish-yellow liquid. When the fingers were introduced enormous quantities of this liquid poured out, and it contained in suspension many food-particles, and gave out the characteristic stercoraceous odor.

There were no adhesions noticeable between the intestines and the abdominal walls at this time. In the bottom of the wound the much reddened and thickened anterior wall of the cecum was visible, and many coils of ileum which were glued together with broad layers of yellowish lymph. Instead of finding the perforated appendix communicating with the general cavity, which had just been evacuated of about half a gallon of fluid, I did not find it until I had gently separated some adhesions which bound down the lateral wall of the cecum to the abdominal parietes. This opened up a small cavity, in which I found more stercoraceous material and the appendix. There were two perforations, one near the free end and one about half way down. This latter was the larger, and gentle pressure upon the cecum caused the escape of fecal matter through this perforation. The mesentery of the appendix was carefully tied off down to the cecal attachment, and then a fine silk ligature was tied around the perfectly healthy root of the appendix, after which it was cut off and removed.

The cavity, resulting from the removal of the appendix, was now carefully washed out with sterilized water and finally cleaned with gauze. Many large, flat pieces of lymph were removed from the surface of loops of intestine wherever found, though, of course, no attempt was made to get all of them, nor was an attempt made to wash out the general cavity. A piece of iodoform gauze was carefully packed down upon the stump of the appendix and then conducted out of the wound for purposes of capillary drainage. This having been done, I began to replace the cecum and a loop of ileum before introducing the parietal sutures. I had just gotten the cecum nicely back into position, and was arranging some loops of small intestine, when my finger accidentally separated a loose lymph adhesion between two loops of intestine lying behind the apex of the bladder. This was followed by a gush of yellowish cloudy liquid, which I estimated at about 1500cc. This plainly came from Douglas' pouch and the most dependent portions of the abdominal cavity. I held open the lips of the incision and allowed as much fluid as would run out to escape from the general cavity, and by turning the patient on his right side evacuated a great amount more. The strip of iodoform gauze, which I had adjusted nicely to the bottom of the wound and against the stump of the appendix, had become saturated with

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the purulent sanious fluid, and I thought best to replace it by a fresh one. The patient was lying on his back during this process, and in the short time thus occupied the pelvic cavity had again filled up with the peritoneal liquid which had drained down from the upper portions of the cavity. Perhaps 300cc. were drawn out, and I could plainly see the liquid, which was not nearly as turbid as the first which we met with, trickle down into the pelvis.

Under these circumstances I thought it wise to introduce a large drainage tube into Douglas' cul-de-sac. Not having a glass one at hand, I cut off ten inches of a pure gum hose having a lumen of five-eighths of one inch, which I always carry in my satchel in place of an Esmarch tourniquet. I cut a few holes into the end to be introduced into the pelvic cavity, and after surrounding this tube with iodoform gauze, I introduced it to the bottom of the cul-de-sac. This drain was allowed to pass between the edges of the wound at their lowest point, while the other drain passed through at the upper edge of the incision. A few parietal sutures, embracing all the layers, were introduced, but not tied. The ends of both drains were covered with gauze and cotton, which had to be frequently changed during the first day. The drain from Douglas' cul-de-sac was allowed to remain nearly four days and was removed when the discharge ceased. The strip of gauze surrounding it, followed the next day. For the first day there was a decided feculent odor about the fluid which drained away. The wound gradually filled up with granulations and healed entirely in about twenty-eight days. The patient was given a slight purge on the third day after the operation, and thenceforward his pulse and temperature were normal until he left his bed entirely cured.

In this case we desired to closely observe and record the temperature after the operation, and for this purpose used a Taylor-certified thermometer, which has proven of great value on account of its permanent accuracy and its superiority to any foreign-made instrument. There was no elevation of temperature at any time, because there was perfect drainage.

I may add that the entire operation lasted forty-three minutes and there was no shock following it. I am free to admit that I hardly expected this patient to recover, the peritonitis was so widespread the intestines had that injected, edematous look, and were covered by that ominous yellowish lymphmembrane which, when I peeled it off, did not leave the peritoneum smooth and glistening. I peeled off at least a square foot of this sort of membrane, where I found it partially loosened, and I estimate that at least a square yard more of it was left upon the intestines and mesentery.

The appendix which was removed, plainly showed that the two perforations were of very different ages. The one nearest the end had most probably taken place when the patient had his first attack, and had caused nothing more than a small circumscribed stercoraceous abscess, which had caused the adhesions between the lateral wall of the cecum and the abdominal parietes, completely shutting off the abscess. The perforation, which occurred on February 11th, early in the morning, was no doubt the cause of the infectious peritonitis. But, since I found the stercoraceous abscess cavity, communicating with the fresh perforation, I am inclined to the view that by an unfortunate movement of the body, while removing his coat, the second fresh perforation was simultaneous with the rupture of the old stercoraceous abscess, and the two together were the cause of the infectious general peritonitis, which was about to destroy the patient's life. The lips of the perforations, the one communicating with the old abscess and also the fresh one, were standing wide open, and the escape of fecal matter into the abdominal cavity might have or indeed must have continued, if the appendix had not been removed and its stump closed up.

The use of the extensive drainage by means of gauze and a rubber tube of large calibre, proved of great value; for it carried away a large quantity of offensive material during the first twenty-four hours, and considerable, perhaps less poisonous *sit venia verbo*, fluid after that.

The iodoform gauze strip, which I have

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used in nearly all cases, I consider the greatest safeguard, and am very unlikely to give it up and surely not in cases of general peritonitis. In cases of this kind there can hardly be too much drainage. In those cases in which the operation of appendicitis is one of necessity, the use of the drain will probably always be the safest method; while, where the appendix is removed during an afebrile quiescent state, or in such cases where a patient is desirous of enjoying the luxury of a dangerless modern procedure, of having the useless normal appendix removed, Morris' plan of operating through a small incision, without drainage, will be the ideal operation.

In conclusion, it seems proper to call attention to the fact that the surgical measures adopted by me in this case, and which served their purpose so well, were opening the abdomen, just as we would open an abscess and stopping up the orifice of perforation. No attempt was made to flush the general cavity. I have expressed my views upon this subject elsewhere, nearly three years ago, in a paper "The Management of Complicated Laparotomies," and have never had any occasion to deviate from the rules of action there set forth. It is all right to flush a normal peritoneal cavity, but all wrong to flush an infected one.

In my operative work I made it a point to try to weaken the patient as little as possible, perhaps to benefit the case, and surely to do no harm.

It is an interesting observation to make, that under these three conditions which are aimed at, the organism will be able to take care of itself.

2715 Locust Street.

Sterility.

Dr. R. A. Cason, of Warrenton, Ga., asks for a medicine to favor conception. I have been in the habit of using for a good many years the tinct. antacrid for dysmenorrhea, the principal ingredient of which is hydr. chlor. cor. The formula is to be found is Griffith's Formulary. I have noticed that in many cases of sterility conception would follow. In one case the woman had not borne a child for fourteen years.

P. H. CHAMBERS, M. D.

Lexington, Mo.

Castration—Hemorrhages.

On page 1186, October BRIEF, Dr. J.W. Lockhart gives us his views on the effect of castration of criminals to prevent crime. He says the only case he ever knew of was a man who had been castrated for attempted rape, and that he afterwards married and, strange to say, his wife had several children. The doctor failed to say whether they were vicious or not. I see nothing strange about his wife being the mother of children if she was healthy; but it is the first case in history that I have ever read or heard of where a eunuch was a father.

The doctor's ideas of eunuchs are different from the definition of the word. Dunglison says they are incapable of venery. They have control of harems in the East.

The doctor says that he does not know much about castration personally, but he seems to imagine that the eunuch might be of much value to certain evil-disposed persons, both male and female. Fear not, doctor, whenever a vicious person is castrated it will have the same effect it does on vicious animals. If castration was the penalty for rape or attempted rape, there would not be that howl all over the world about those brutes who are lynched nearly every week in the Southern States. And should the doctor's idea prove correct, that the American eunuch did enjoy venery, it would be easy to amputate his penis. But there would be few cases of amputation.

We frequently see cases reported where some doctor has lost a case of post-partum hemorrhage. It does seem strange that any physician should lose a case of post-partum hemorrhage. Doctors, never go without two pieces of strong webbing, long enough to tie lightly above the knees of your patient when there seems to be any difficulty about stopping the hemorrhage; try it. Also, if you have a difficult case of nose bleed, cord one or both arms above the elbow, and see how quickly the flow will cease. I prefer to give equal parts of tincture of cinnamon and fluid extract of ergot in teaspoonful doses.

Success to the BRIEF.

Milton, Cal. J. R. SIMMS, M. D.

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Benefits of Comparative Anatomy and Physiology.

In reply to the "Doctor's Degree," in October BRIEF, page 1207, "If medical men have been guilty of gross errors, it is because they have neglected to dissect brutes."—GALEN.

With a view to showing how much human medicine is indebted to comparative investigations on the bodies of animals, let us briefly consult the records of the past.

History informs us that the most ancient and modern practitioners who have distinguished themselves in their professions, and gained the confidence of mankind, have always paid attention to the dissection of brutes. In the language of a veterinarian, "they have transplanted to the medical profession the honor of discoveries that were made in the territory of the veterinary science, and," continues the same author, "it is not to the study, the treatment and cure of animal disease alone, that our science is strictly confined; it is second to none in actual importance; it possesses considerable advantage over human practice, and offers opportunities for the cultivation of general pathological and physiological knowledge, and more particularly for that important branch termed comparative anatomy, that are far superior to anything that medical practitioners can boast of."

Galen attached great importance to the dissection of brutes, and his followers, up to the present day, have carried out his suggestions.

Reading on through the history of the past, we learn that those small lacteals, termed absorbents, which are so numerously distributed over the internal surface of the alimentary canal, by the aid of which the blood is furnished with the necessary material for supplying the waste, developing and preserving the animal organization, were first discovered in kids.

Those wonderful pieces of mechanism placed within the heart, and known to anatomists as its valves, were first discovered in animals by Erasistratus, who also discovered the esophagus, the fallopian tubes (a portion of the female organs of generation), in a ewe.

Galen demonstrated in Rome, on living animals, the organs of sound and respiration. He also showed on them the effect produced by ligature on the nerves.

Vesalius proved by experiments on animals, that it was possible to restore suspended animation by artificial inflation of the lungs. This discovery is one of the most important, and has resulted in as great good to the human family as any like discovery made before or since.

Dr. Warren made several experiments on living animals, to be assured of the effect of different substances on the blood and solid parts. This truly valuable discovery has been one of great importance to the whole world, for it was then made known that, through the medium of the lacteals (absorbents), lacteal veins, and thoracic duct, inorganic materials reach the blood, and finally become deposited in the cellular and solid structures. This discovery enables us to explain in what manner the elements of nutriment reach their ultimate destination; it further enables us to explain the why and wherefore of the alteration in the color of cow's milk when fed on beets or saffron, and also the cause of that offensive taste in pork when fed on the rotten refuse of cities. In short, lacteal absorption gives us the modus operandi of many medicines on the system of man and animals.

It was through experiments on animals that we were first led to try transfusion of blood; and it is recorded that several lives have, in this way, been saved.

The few distinguished men here named, and others too numerous to mention, animated by a desire for knowledge, have availed themselves of the opportunities offered for reading the book of life, as it is written by the hands of Omnipotence in the series of animated creation, and the benefits which all have derived from veterinary practice are incalculable.

Now, these men were all veterinary practitioners, and, in my opinion, are entitled to the honored title of doctor, and it is warrantable and not derogatory to the best interests of higher education.

CABALLO NAN TAN.

Ft. Custer, Mont.

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Treatment of Typhoid Fever Again.

BY CHARLES E. PAGE, M. D.,
BOSTON.

I note the opinion of Dr. Royer that the hygienic treatment is of the utmost importance in typhoid fever (September BRIEF); but I would remark that if the treatment be truly hygienic, the complications he names, as almost inseparable from the disease, ought never to occur. I repeat the complications as he mentions them in succeeding paragraphs: "Diarrhea is generally the first prominent symptom." Under fasting there can be no diarrhea, nor after a time any movements of the bowels, till convalescence and resumption of diet.

"For the tympany," etc.,—none of this is possible in fasting. As for the "large accumulation of mucus,"—nothing of this sort is observed on a water diet; water, which dilutes the blood which is being constantly thickened by the debris, the waste and effete matters to be eliminated, and the riddance from which constitutes the cure.

"To sustain the heart's action." Instead of alcohol, which the most reputable of our specially eminent practitioners (notably Richardson in London, who uses not a drop in his large hospital) regard as a harmful poison, the negative effect of keeping the food out of the stomach, since it can not be utilized for good, prevents excessive labor of the heart, and it goes right along doing its work successfully.

"For delirium and headache." Patients not drugged nor poisoned, but having appropriate water treatment, experience nothing of the kind.

"For intestinal hemorrhage." Again we have to say, nothing of the kind is to be looked for in absence of the stomach-bulldozing, which, unfortunately, is the common practice. "To keep the bowels at rest." Instead of opium (the employment of which is, according to Dr. Oswald, to attempt to silence the alarm-bells in a time of conflagration), the same negative treatment suffices; that is, by not offending the bowels with substances for which they have not the slightest need; for the time being, short or long, they are completely at rest, the damp bandage about the body, changed every one to three hours, doing all that is required for local treatment, except in some cases requiring some degree of massage.

In the writer's contribution to the *Medical Record*, for February 24th, 1894, "Should Therapeutic Fasting be Termed Starving," etc., and April 28th, 1894, "Hygienic vs. Drug Treatment for Typhoid Fever," this whole topic is discussed at length, reprints of which will be sent by the writer to any physician remitting enough to cover cost and postage.

A physician being called to attend a patient who has been for any length of time under the routine, regular, treatment, has really to treat a disease of drugging and forced-feeding, and for a time has to employ extraordinary measures in consequence; that is, the discomforts have to be met with appropriate measures to secure ease; as cold compresses, constantly changed, to the head for delirium and headache; a Brand bath, perhaps, for its invigorating effect upon the heart and the entire nervous system—not, however, "to control the temperature," the temperature being regulated indirectly by the elimination of the toxic matters, at the rate of perhaps two pounds in twenty-four hours, the loss being of waste and effete matters, not flesh, altogether, by any means.

Patients fed "generously" (*sic*) throughout a long course of typhoid fever often rise in a state of complete emaciation, when, had the same ones been relieved from all feeding for two or three days at the very onset of the attack, not even a single call might have been required of the family doctor; or, if the case had progressed for a time and the doctor sent for, even then a few days of abstinence from food would cut the disease short, possibly abort it completely, nothing extraordinary in the way of water treatment being demanded. The blood is to be kept profusely diluted during all the waking hours of the patient, the only proper diluent being soft water, hot or cold, or alternately.

Dr. Royer himself says, "During hemorrhage I always cut down nourishment and stimulants!" But why feed for hemorrhage, for tympanites, for high temperature, for delirium, etc., when, in

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fact, food has for a time in all these cases absolutely no other function than that of adding to the disease? Do we fancy that this sort of thing so simplifies the question that the laity will catch on to it and often get on without calling the doctor? Well, it is open to that objection, and it has to be confessed that physicians are, as a rule, exempt from all suspicion of teaching their patients anything beyond the little trick, possibly, of self-poisoning, which really tends to bring them all the sooner into the doctor's hands for some critical sickness, as the self-prescribing of quinine "to break up a cold," something else for headache, etc.

If all physicians were really teachers to the laity, earning their fees by imparting hygienic information, something to enable the people to "run the machine" tolerably near the normal, what would become of the immense army of doctors after a time! But, at any rate, it comes very handy for the *doctor, himself, to know these things*, that he may at least feel secure as his own family physician, as is rarely the case at present.

867 Boylston Street.

☞ *The Brief is the best known and most popular of all medical journals.*

Abstract of Report of the Hydrotherapeutic Dispensary of the Allgemeine Polyklinic of Vienna (Prof. Winternitz).

BY DR. JULIUS FODER.

The material is selected from the patients visiting the General Poliklinic; each patient receives a written prescription, upon which is stated when he is to return for examination and modification of treatment. The latter is administered between ten and twelve o'clock under the personal direction of the professor or his assistants.

Douches are given by the physician, other procedures by trained attendants and the pupils of the hydriatic training school. Students attending the lectures on hydrotherapy are regularly present during the treatment, and frequently practice the technique.

The convincing results of hydrotherapy are evidenced by the fact that other internal and neurological departments send us patients, especially those suffering from chronic nerve troubles.

The patients generally enjoy the treatment after they have overcome the apprehension, due to all kinds of exaggerated stories of its severity.

The curative results are excellent, it we consider the unfavorable surroundings of the patients, most of whom live amid miserable hygienic conditions. Especially remarkable are the favorable results in neurasthenia, neuralgia, rheumatism, chlorosis, gastro-intestinal catarrh and intermittents, as evidenced by the following

ANNUAL REPORT FOR 1893 OF THE DISPENSARY FOR HYDROTHERAPY.

DISEASES.	Total.	Cured.	Improved.	Unchanged.
Anemia	21	2	12	7
Adiposity	10	.....	10	....
Asthma, bronchial	4	3	.....	1
Atony of stomach and intestines	3	3	.....	....
Basedow's disease	2	.....	2	....
Catarrh of apex	2	1	1	....
Catarrh, bronchial	4	2	2	....
Catarrh, acute. of stomach	6	6	.....	....
Catarrh, chronic, of stomach	3	1	2	....
Catarrh, gastro-intestinal, acute	15	12	3	...
Catarrh, gastro-intestinal, chronic	15	7	8	...
Cephalalgia	15	10	5	....
Congestion of head	6	5	1	...
Chlorosis	9	6	2	1
Chorea	1	1	.....	....
Dyspepsia, nervous	7	3	4	...
Dilatation of stomach	7	4	2	1
Diabetes	1	.....	.....	1
Degeneration of heart	2	.....	2	....
Enuresis, Nocturna	4	.....	4	....
Epilepsy	18	.....	10	8
Hemicrania angroparalytic	5	.....	5	....
Hysteria	18	12	6	....
Hemiplegia	3	.....	3	....
Hypertrophy of the heart	2	.....	2	....
Hyperemia of liver	2	.....	2	....
Insufficient of mitral valves	7	.....	7	....
Sciatica	30	24	6	....
Impotence	5	.....	3	2
Intermittent fever	5	5	.....	...
Jaundice, catarrhal	11	11	.....	...
Leucemia	2	.....	2	....
Lumbago	16	16	.....	....
Masturbation	2	.....	1	1
Neurosis, traumatic	4	4	.....	...
Neurasthenia	53	33	12	8
Neurasthenia, sexual	18	8	4	6
Neuralgia, trachial	4	4	.....	...
Neuralgia, trigeminal	7	5	2	....
Neuralgia, intercostal	2	2	.....	....
Nephritis	4	.....	3	1
Omarthritis	7	7	.....	....
Constipation, chronic	17	11	6	...
Palpitation of heart, nervous	4	4	.....	....
Paresthesia	2	2	.....	....
Paralysis, agitans	1	.....	1	....
Pleurisy	7	4	3	....
Rheumatism, muscular	21	21	.....	....
Rheumatism, articular	11	5	6	....
Spermatorrhea	4	4	.....	....
Sclerosis, lateral	7	3	.....	4
Locomotor ataxia	5	....	5	....
Ulcer of the stomach	3	3	.....	....
	447	406	153	41

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A Plea for Palliation.

"Got ther blam'dest toothache, Doc, you most ever see;
Leastways, its the darndest one thet ever tackled me.
Couldn't smile to save me: fact is, if I'd try,
One side my mouth'd screw around
'Till it fairly touched my eye.
Tother wouldn't budge an inch, fer thar the trouble lies.
Guess you kin kinder see the lump, taint no slouch for size,
An' every inch of thet air bunch, jest fairly makes me hump;
Jest squint yer eye on thet swellin', Doc,
Can't ye see ther darned thing jump?
No, sir ee! don't want it jerked. I know what'll stop it quicker
Then yer forceps or yer oil of cloves, an' thet's a pint o' licker;
Jest write me a perscripshun, Doc; before, it always worked,
An' taint half so hard on yer muscle, Doc,
As if I'd git it jerked.
This tooth has bothered me so much, I know what licker'll do.
What's thet ye say! don't believe it aches? Didn't think thet, Doc, of you:
Why, can't ye see thet swellin' thar? Jest take yer hand and feel;
I wouldn't tell ye what ain't so, yer gittin' a square deal.
What's thet ye say? A terbacker cud thet causes all thet swellin';
An' ye don't believe a single word of what I've been a tellin'?"
And the Doctor smiles at the receding form, as he shuts closed the office door,
He's familiar with that toothache, he's been there oft before?

Kellettville, Pa. LA VERNE A. BARBER, M. D.

Appendicitis.

April 1st, 1892, was called to see a young man about twenty-five years of age, suffering with pain in right hypochondriac region. There was no swelling, but a little tenderness. Temperature normal, appetite good, bowels regular. Said he had gotten a fall twelve months before, and had suffered at times ever since. I took it for a trifle and prescribed a simple remedy.

On my way to see another patient a month or more later, I met him and he said that he was no better. I prescribed without examining him and did not see him again until four months afterwards, when he had fallen into the hands of another physician.

During his absence, while off on a visit, was called in again to see him. On examining him, I found a large tumor in the right hypochondriac region, and on percussion, fluctuation. I diagnosed appendicitis and told him that when his doctor returned, he should have an operation performed. He promised me that he would. I did not see him again. I learned that the abscess broke both internally and externally; feces would pass through the opening. He died a few days after the rupture.

Case 2. Boy, nine years old. Was called in consultation with Dr. Brewer, who had the case in charge.

On examination, I found a large tumor in right hypochondriac region with fluctuation on percussion. Temperature 100°, pulse one hundred and ten and very weak. My diagnosis was appendicitis.

The patient had been sick for two weeks when I first saw him. Dr. B's diagnosis was a ball of worms. He gave calomel and santonine, and purged him thoroughly; but the tumor was still with him. His bowels had not been moved for six days when I first saw him.

I ordered a tea made of senna leaves, of which he was to drink copiously until bowels moved freely. I was to return the third day and operate. On my return, I found the tumor had subsided. I postponed the operation, and within three weeks the patient was up. Has not had any trouble since.

Case 3. Old lady, sixty-five years old. I found a large tumor in right hypochondriac region. Could not bear the least touch without pain. Temperature 106°; pulse so rapid and feeble, could not count it; no appetite.

I put her on senna tea and moved her bowels freely, and repeated the treatment when the bowels were inclined to be costive. Ordered hot, dry wheat bran poultices to be kept on her side day and night. Kept her under the influence of opium, and at the end of eleven days the swelling passed off internally, the fever subsided in a few days, and there has been no return of tumor.

Case 4. Girl fifteen years old, healthy and very lively. Was called to see her September 19th, found her suffering with pain in right hypochondriac region, no tumor, but marked tenderness, nausea and vomiting. Fever 104°; pulse one hundred and twenty.

I gave her six one-grain calomel tablets, one every hour until all were taken. In six hours after the last tablet,

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if bowels were not moved, a dose of salts was to be taken. I left, telling the family that the case had not fully developed, that I would make a diagnosis next morning. On my return next day, the bowels had moved freely. Upon examination, found tumor in right hypochondriac region, and great tenderness all over the right side. Temperature 105°; pulse one hundred and thirty and very feeble. Ordered hot poultices to be kept to her side day and night. Kept her under the influence of opium. The third day the tumor passed off. She is doing well to-day, this being the fifth day since she was taken. Fever 101°; pulse ninety; appetite good.

Now, gentlemen, did I pursue the right course of treatment with the last three cases, or should I have operated on them? I have been in the active practice of medicine the last eighteen years. Two years ago I saw my first case of appendicitis.

This is my first communication to any journal. I take several, but prefer the BRIEF to all others. Have been taking it for fourteen years. Success to the BRIEF and its many readers.

Viola, Tenn. W. H. MOORE, M. D.

[We hope the doctor will write again soon.—ED.]

A Review of the Small-pox Epidemic at Texarkana.

Early in the month of March an exanthematous disease made its appearance in the twin city of Texarkana, Texas and Arkansas.

The earlier cases being the mild, discrete form of variola, led the physicians here into the mistaken diagnosis of severe varicella. I myself, having been successfully vaccinated, contracted the disease, and in due time had a very mild attack of varioloid. Still no physician here was disposed to regard the disease with any amount of anxiety, the city health officer maintaining to the last that we were in the midst of an epidemic of chicken-pox.

But as the epidemic grew older, the virulence of the disease manifested itself more markedly, necessitating the establishment of a pest house and quarantine station. I was appointed to take charge of these quarters, and was thus enabled to see and study small-pox in all its varied forms. At least eighty patients reported for treatment, and an equal number were held at the detention station as suspected cases. We noted ages varying from four months to sixty-five years, thus proving conclusively that no age is exempt from an attack of the "red pest." Of these patients we noted twenty-seven, or more than thirty-three per cent, to be children under twelve years of age. The mortality of this number was *nil.*

Classified as to sex, we noted forty-three females and thirty-seven males; hence, sex cuts no appreciable figure as to susceptibility.

As to variety of eruption, we noted the following: Twenty-four cases of severe confluent, two cases of hemorrhagic, eight cases of simple varioloid, and forty-six cases of well-formed discrete small-pox.

The mortality was confined entirely to the hemorrhagic and confluent forms, the two former and eight of the latter terminating fatally.

The treatment of these patients was both simple and inexpensive. Antipyretics were used to combat temperature. Magnesium sulphate and glycerin suppositories were prescribed for their laxative effects. Bromidia and the sulphate of morphine were used to counteract and curtail any tendency to delirium, which condition was wont to manifest itself more especially during the stage of suppurative fever. Throat symptoms were controlled by solutions of potassium chlorate, and if these symptoms were severe, resort was had to the following preparation:

R. Potassii Chloratis	2	drachms.
Ext. Hydrastis fl	1½	drachms.
Acidi Carbolici	8	grains.
Tinct. Capsici	6	drops.
Listerine	1	ounce.
Aq. Rosæ	4	ounces.

M. Sig.: Use as a gargle every two hours.

We found this to be a very efficient prescription in cases of severe sore throat. Topical applications consisted of sponging the entire cutaneous surface with a five per cent carbolized solution in olive oil. Cleanliness and attention to patients in time of need were our sheet anchor. Two weeks ago to-day (August 6, 1894) I was called to see a patient at Fulton, Ark., a distance of twenty miles.

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The physicians there were unwilling to come in contact with the small-pox. I found a patient, aged thirty-five years, a woman with a well-marked, discrete eruption. I forthwith secured a nurse, and, with the plain treatment above narrated, can report the patient convalescing well and out of danger.

One fact in the treatment of small-pox has been fixed in my mind. It is this: There is no excuse for permitting a case of varioloid, or of discrete or the mild form of confluent small-pox, to terminate fatally in a patient otherwise healthy.

M. E. STEVENS, M. D.

New York Med. Journal, Sept. 1, 1894.

☞ *The Brief is a purely scientific, practical journal.*

Wonderful Effect of the Imagination.

Several years ago I was called, professionally, to a distant State, to see a sick friend, thought to be dying. He was a man of great learning and of great piety, and had just passed his eightieth year.

I found my patient under cover, head and ears, bleating like a calf, and frightened by scores of grotesque figures peeping at him from the ceiling and walls of his room.

Between acts came shudderings and lamentations, pleading with his God not to curse him in his old age with such apparitions—devils, as he called them. After waiting until these spasms wore off, I approached his bed-side and said to him:

"Doctor, this is your old friend whom God has sent to relieve you. Don't you know me?" Throwing back the cover from his head, he gazed wildly at me for a moment, then said:

"I recognize you, but you have come too late. I am too miserable to live, for God, in his wrath, has determined to kill me."

"Why should He," said I, "at your time of life, wish to damn you—you who have so faithfully served Him all these years. I can not believe Him an unjust God. Come, let us talk about your physical ills, and not your mental troubles. Let these miserable phantoms live in their holes and crannies, and play amongst themselves." Squeezing his hand, and looking him square in the face, I said, smilingly: "Why, my dear friend, I will tell you what the trouble is, and when I have finished you will coincide with me. Before saying another word, I wish to know what these good people have been feeding you on?"

"What do you wish to know this for," said he.

"That's my professional business," said I, "and not yours—for the present, at least."

"Well, let me think a little—yes, I am taking two tablespoonfuls of Valentine's meat juice every four hours through the day."

"So far so good," said I. "How long have they been feeding you on such minimum doses?"

"About three weeks or more."

"Ah, ha! I have it now," I exclaimed. "You are being starved to death, and I shall put a stop to it by reversing the order of things, and commence at once to feed you, and feed you well."

Just then one of his sons came in with a string of half-dozen small trout, fresh and alive, from the brook hard by. It occurred to me I would play upon his imagination, and see what effect it would have upon him.

"Let me ask you one or two important questions, my dear Doctor," said I, feeling my way. "You believe in an allwise Providence, don't you?"

"O yes, I have ever relied upon Him, in season and out of season, as you well know, and I am not yet so lost to my religion as to doubt or deny Him; but—"

"Stay, my friend," said I, "let me finish my questioning, then you may have the floor. You say you believe in God and his providence, then don't you further believe He sent me to you as His agent to restore you?"

"Most assuredly," he replied without hesitation.

"Now," said I, "let us put this and that together, and see how this providence works. Your son was sent to the brook by this same mysterious agency to catch a few little fishes, and for what! Because they contain phosphorus—the very element needed to supply the waste in your brain caused by long fasting."

I had struck the key-note, for instantly, forgetting his troubles, he commenced a

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discourse on phosphorus, its chemical action, uses and effects, as eloquently as he used to do before his classes.

I stopped him; I had it to do, else he would have run through the whole gamut at his own expense and injury.

"Come, now," said I, "we will be satisfied with this, for the present at least. You said, a while ago, that God had cursed you, and for what, pray?"

"For smoking, by advice of my physician, in an attack of acute bronchitis. Although long since relieved of this, I have been a slave to tobacco ever since."

"I don't care to know what the doctor said or did, as it is useless for present purposes," said I, "you should have given no thought to such an improbable thing. Smoking is no sin, nor has it anything to do with your present affliction, so let's have done with it, and proceed to business."

"My boy," said I to the young fisherman, "take one of those fishes to the cook, have her broil it nicely, and send it in to me hot, with a bit of buttered toast and a cup of strong tea. This was done quickly, and the whole placed on a small table in front of a glowing fire.

"Now, then," said I, "get out of your bed, and let's see if we haven't something here to tempt you."

He commenced eating, thoughtfully at first, but the idea of there being phosphorus in the brains of the little fishes seemed to arrest his attention. During the ceremony, he would now and then stop, drop his fork, and let fly at me some of the most glowing flights of imagery I ever listened to, interwoven with the physiological effects of phosphorus. At last he finished his medicine, leaving a clean platter behind, with the air of a man satisfied with himself and all mankind.

"Now, Doctor," said I, taking a cigar from my side pocket, "join me in a smoke. This is one of recent importation, and I am sure it will neither harm your body nor displease your maker. On the contrary it will act as a mild opiate, and tempt you to take another."

Whilst all this was going on—indeed from my entrance into his room—not a devil appeared.

"I am glad you enjoyed the dose of phosphorus, the choice Havana, and the cup of young hyson, and I can confidently predict your recovery, and that speedily. But you must see to it that you eat the remaining five fish between this (nine o'clock in the morning) and bed-time, the last just before you lie down."

The next morning I found my patient altogether another man, and he so expressed himself. He had slept solidly the night through, without seeing any more devils, and was ready for a substantial breakfast of chops, potatoes and coffee.

"I must meet the train due at eleven o'clock, my good friend," said I, "and in bidding you good-bye I do so joyfully, because I feel as confident of your recovery as I do the coming of to-morrow's sun. Keep nourished; fill your brain with phosphorus; see that your bowels are flushed with the pipe for a few days, and food will do the rest."

Never was a patient more grateful, none surely so rejoiced, as my distinguished friend and patient. He lived to fill his appointments many years afterwards, and always believed the mite of phosphorus in the brains of the little fish was all that saved him. F. B.

Dr. Meredith's Case.

Would suggest that the doctor impress upon the mind of his patient (and her relatives) the absolute necessity for making a thorough investigation of her case; that you must know the cause before you can remove it, and that *vis medicatrix naturæ* will do the rest. If she possesses too much mock modesty to submit gracefully, he might try the following:

R. Tinct. Nucis Vom ..... 4 drachms.
Tinct. Ol. Sabinæ ..... 4 drachms.
Aletris Cordial ..... 8 ounces.
M. Sig.: Teaspoonful three or four times daily.

Give her Bromidia and an occasional dose of Antikamnia, or Phenacetin and Salol. He will find Iodia (Battle) a splendid uterine tonic.

I would like to know if he immerses the patient in warm water?

WM. T. PAUL, M. D.

Atlantic, N. C.

☞ *The names of all subscribers whose subscriptions have expired, and who fail to renew before the next issue, WILL BE DROPPED.*

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An Appeal for Justice.

Having been for the last few months engaged in reading the BRIEF, I came to the conclusion, if space will be allowed me, to publish a case, which was unjustly the cause of my being imprisoned for life. Hoping the case will be interesting enough to ensure its publication, and to call forth the opinions of all the noted physicians of the medical profession, both in the form of private letters from well-known physicians who read the BRIEF, and from the medical press, so that I may have the opportunity to show to the Governor of Kentucky the opinions of the most noted physicians in the medical profession, and by so doing, convince his Excellency that I was unjustly incarcerated, and have been ever since April, 1884. I will be as brief as possible to make every point plain and intelligible.

My father-in-law, Robert L. Munday, died in 1883. For several days previous to his decease, he complained of vertigo, double vision, gastralgia and constipated bowels. He was a very hearty eater at suppers, and would reject any and all entreaties to take remedies for his relief, stating that he would rather trust to *vis medicatrix naturæ*, than take medicines that always had such a disgusting taste.

My wife and I were boarding at Mr. Munday's. On the 6th day of January, 1883, after a hearty supper, Mr. Munday and his wife retired to bed, between eight and nine o'clock. My wife and I, about the same time followed suit in the room up stairs, directly over Mr. Munday's room. About four o'clock the next morning my wife and I were called down to Mr. Munday's room by his wife, Mrs. Lucretia Munday. When we arrived in his room, Mr. Munday was lying on his back, his eyes were wide open, as if gazing you right in the face, the left pupil was slightly contracted, while the right pupil was slightly dilated; he was comatose with stertorous breathing; his pulse was full and beat with great force, but not over sixty times per minute. He never became conscious and died about eleven o'clock A. M. that day.

I had practiced medicine for thirty years, and had an extensive practice. My opinion was that Mr. Munday's demise was due to apoplexy, and I am of the same opinion now.

Mrs. Munday stated that her husband had gotten up some time before we were called to his room, to urinate; he came back to bed, talked to her some time, complained of feeling strange about his head, stated he would try to go to sleep, and did go to sleep, but in a short time after going to sleep, he commenced breathing very strangely. She made an effort to arouse him and failing to do so, she became alarmed and called for my wife and I, to come to her aid. When I saw his condition, I called in another physician. He was of the opinion that Mr. Munday had an attack of apoplexy. Mr. Munday was too profoundly comatose to take medicine internally, and external remedies were of no avail.

Mr. Munday was insured for about $11,511. Ten days after his death, and eight days after his burial, the insurance parties claimed that there was foul play. They employed two physicians from another county from where Mr. Munday died, and those two physicians, in company with a special insurance agent from Louisville, without the consent of Mrs. Munday and that of the coroner of the county in which he died, and without the consent and in the absence of the county authority, exhumed the body of Mr. Munday and made a post-mortem on his body. The insurance parties took charge of his stomach, and kept it until the next day before they delivered it to the chemist for analysis; Mrs. Munday and I had no representation whatever. The analysis was made upon Mr. Munday's stomach, after the insurance parties had full possession of the stomach all night, before it was delivered by them for analysis.

At the next term of the Circuit Court after the demise of Mr. Munday, Mrs. Munday and I were indicted by the Grand Jury, charging that Mr. Munday was poisoned by morphine to obtain the insurance upon his life. Mr. Munday was insured for the benefit of his wife alone, I had no insurance upon his life, nor did my wife have any. I had nothing whatever to do with the insurance upon his life, and never have had since his death. Mrs. Munday and I were charged with conspiring together to take the life

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of Mr. Munday with a drug known by the name of morphine. When the time came for trial, I was tried first, and the jury could not agree. At the next trial I was convicted for life, upon a broken chain of circumstances. When the evidence was given by the analyst upon the witness stand, he stated that he "found in the contents of the jar given to him by the insurance parties, claimed by them to contain Mr. Munday's stomach, one-third or one-half grain of unabsorbed morphia. That could not kill; that morphia had to be absorbed before it could kill. He found none absorbed that could kill, and if morphia was in the stomach at death, it was absorbed after death." If morphia was absorbed after death when it was in the stomach at death, how could it have remained in Mr. Munday's stomach ten days before the post mortem examination was made without absorption, and if it was in his stomach at death, and was absorbed after death, why could it not be found in the tissues when the analysis was made, as the post mortem examination was not made until ten days after death; and if morphia can not kill without being absorbed, how could Mr. Munday have died from the effects of morphia when there was no absorbed morphia found by the analyst "that could kill." Morphia could have been very easily dropped in the stomach after it was taken out of the body, and be found unabsorbed when the analysis was made, but it was impossible to make the dead stomach absorb it after it was put in.

The two physicians who made the post-mortem examination, stated upon the witness stand that "they found Mr. Munday's brain, heart and lungs in a normal condition." If his brain, heart and lungs were in a normal condition when the post-mortem examination was made, ten days after his death, how could he have died from the effects of morphia, the ravages of which drug upon the brain, heart and lungs are always disclosed upon post-mortem examinations. Hyperemia is too plain to be overlooked by any physician with any qualifications whatever. The statements of those three physicians mentioned above, I contend, is positive evidence that Mr. Munday's death was not caused by the influence of morphia. I contend that Mr. Munday's death was brought about by apoplexy, from the fact that he died with the symptoms of apoplexy, and that in making a post-mortem examination upon the brain, the cause of apoplexy might be very easily overlooked, because apoplexy is often brought on by coagulated blood, or blood clots in the pons varolii and medulla oblongata, as small as hemp seeds, and very few of those coagulated particles of blood in the seat of life will cause death, and upon post-mortem examination be overlooked by the best, or some of the best, physicians.

After I was convicted for life, Mrs. Lucretia Munday, the alleged co-conspirator, was tried and acquitted for the want of proof of the charge. Mrs. Munday and I were charged with conspiring together, we were indicted jointly, I was tried and convicted for life; she was tried under the same indictment, with the same evidence, and the insurance was for her and not for me, and she was acquitted for the want of proof of the charges.

I would be under lasting obligations to have this statement published in the BRIEF, and more than thankful to any member of the medical profession for his opinion, if any will be so kind as to give me their medical or toxicological opinion.

The insurance parties paid Mrs. Munday $11,511 after her acquittal.

Address Dr. W. T. Davis, State Prison, Frankfort, Ky., in care of the warden.

W. T. DAVIS, M. D.

Phthisis.

In the position that the BRIEF takes as regards germs not being cause of consumption, I heartily concur; in fact, I regard the bacillus tuberculosis as merely a symptom of a pre-existing trouble, which lesion is induced by malnutrition. There is a deterioration of the blood, failure of the pulmonary vessels to supply the lung tissue, resulting in starvation of these organs and the parisitic invaders are delegated by nature to remove the dead and useless organic debris. Somatic death is the natural and inevitable result of the continuation of this process.

J. D. CLEVELAND, M. D.

West Grove, Ia.

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Face Presentation.

Dr. C. C. Adair, on page 1191, quotes the explanation "that the dorsal decubitus, generally followed abroad, favors the transformation of vertex presentations into those of the face."

I would say, that in the early stage of labor, the dorsal decubitus causes the body of the child to fall back, thus forcing the vertex against the brim of the pubic bones, which act as a fulcrum to cause the chin to depart from the chest, causing face to descend in the hollow of the sacrum, thus forming a face presentation. It will ordinarily turn to the right or left.

The dorsal decubitus, in the early stage of labor, also has a tendency to cause the child to roll over on its back, thus causing the forehead to present in front, and occiput posterior.

In the advanced stage of labor, when the vertex is presenting right, and the head has come down on the perineum, and is almost ready to emerge, it is then right to turn the woman on her back, for then the body of the child falls back and helps to pry the vertex through the axis of the outlet, without excessively bending the neck back, and there can be no more danger of false presentation.

The doctor may have been right in his first diagnosis, that it was a vertex case, for I know in one case I witnessed in the early stage of labor there was a face presentation, and in less than one hour it had spontaneously become a vertex case, and thus, *vice versa*, a vertex case could become a face presentation.

I have had a number of face presentations in premature cases, which did not hinder labor much; but I remember one case of a large, well-developed girl presenting face first, with which I had some trouble.

I was called at six P. M., January 31st, 1877, to attend Mrs. V., a large, stout woman, in her fifth labor. At ten P. M., I discovered the right orbit and superciliary ridge. The top of the head in part rested on the brim of the pelvis. It was what might be called a forehead presentation, as all face presentations at first are. As the labor advanced, I could feel the nose and mouth after the waters had been discharged, though the head made no particular progress towards descending. The forehead lay towards the right cotyloid cavity and the chin to the left sacro-iliac junction. I introduced my right hand and endeavored to push up the face and forehead and bring down the vertex, but could not succeed, As assistance was near, I left at five A. M., February 1st, to get Dr. W. for help. During all this time the womb was obliquely turned to the right. Dr. W. saw her with me at eight A. M. We found it a forehead presentation still, the forehead lying on the right side. Dr. W. left with the direction that it would be best for the patient to lay on her left side, in the hope it would change the position of the womb so as to bring down the vertex. I reasoned with him that, as the chin lay on that side, it would be more likely to bring down the chin, and that lying on the right side would be more likely to bring down the vertex. Dr. W. said he would meet me at eleven A. M.

I directed the patient to lay on her left side, and accordingly it did greatly aid in bringing down the chin. Dr. W. arrived at eleven A. M. and, with my assistance, he skillfully applied the forceps. They locked easily, and the handles looked to the left. He proceeded to extract with the utmost skill. Before the head was born, while it was endangering the perineum, he took off the forceps and nature completed the delivery. We had hard work to revive the child, but not one quarter as long as it took Dr. Adair to recuscitate the child in his case. I saw the child perfectly well years afterwards, and also successfully attended the mother in subsequent cases. To forestall criticism, I will say "nothing succeeds like success."

Hudson, Ill. SILAS HUBBARD, M. D.

Typho-Malarial Fever.

In a recent article on "Typho-Malarial Fever," by Dr. Chas. A. Turner, of Barfield, Ark., the editor suggests in his comments, that it is a "serious error to allow typhoid fever patients to become constipated," and that "calomel or liq. magnesia citrates, given during the course of the disease, when there is tendency to constipation, prevents the development of tympanitis and the marked poisoning of the nervous system,

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which results from absorption of the ptomaines and toxines from the bowels."

During an experience of over a quarter of a century in the active practice of my profession, and previously under the tutilage of my father, who enjoyed a large patronage in his profession in Southwestern Pennsylvania, and by whom I was taught, as he had been, that it was criminal to not move the bowels every other day, in such cases, it might seem strange that I should take issue with him on this question of catharsis in enteric fevers. At this very moment I have a number of cases, and there have been some fatalities in this city, but all have died from bowels discharging too frequently, and hemorrhages. It has been my object in all cases to put the bowels at rest. Stop peristalsis. Never give physic unless the purest olive oil or the very mildest cathartic. Have always followed Wood's practice in giving emulsion of turpentine with tincture of opium in gum acacia. Doubt the advantage of pushing milk on the stomach, to be formed at once into large, hard curds, so hard that they pass undigested. The lightest liquid diet, such as beef soup, light wines in iced water or iced milk, in small quantities at a time. The sponge bath, or immersing the body in the bath tub frequently to reduce temperature.

But as the pathological lesion is generally in the bowels, I always save them all I can and put them at rest. My experience is that they may be closed from one to two weeks, and I have never regretted such action, but I have wished, many times, that I had not given even a mild cathartic. It is not what you *do*, rather what you do *not* do, that makes the successful treatment of cases of this kind.

The routine practice of giving medicine of some kind at intervals of one or two hours is fallacious. The fact that the disease is self-limited warrants the kindest medication, and remedies are only indicated when the more serious complications of the nervous system, bowels or other organs manifest themselves out of the ordinary. A plain, uncomplicated case will run its course sooner and safer without medicine than with it.

Streator, Ill. C. D. CHALFANT, M. D.

Antidote for Strychnine.

Dr. S. A. M. Williams of Chicago, Ill., reported a case of an adult male, who took five grains of strychnine and was soon violently affected. One drachm of tincture cannabis indica was given and repeated, first in five minutes, then twice at intervals of ten minutes, afterwards twice in fifteen minutes, with rapid improvement. After this, an occasional dose, alternated with camphor, resulted in perfect recovery in forty-eight hours.

Some time ago, I was in a drug store, when a messenger came in in a great hurry with an order for some camphor and spirits ammonia. Said that Dr. H. wanted to give it for strychnine poisoning. The patient died as a matter of course.

I have never heard a word said about cannabis indica being used in poisoning by strychnine, except the case above refered to. I am therefore of the opinion that the utility and importance of the cannabis indica as an antidote to strychnine, is not generally known to physicians. I have great faith in its antidotal power, but have never had an opportunity to try it in the case of a human being. I have, however, tried it on a little black bitch that was suffering violently from strychnine poisoning. I gave her a teaspoonful of the tincture and repeated the dose every ten minutes until three doses were given. The symptoms abated within one hour, and I did not give her any more. She made a rapid recovery.

Many times medical knowledge seems to travel very slow. I well remember that it was a long time, fifteen years perhaps, after the anti-abortive power of black haw was discovered before it became generally known; even yet it seems that many physicians do not know it, when its action is almost infallible. Ever since I saw the report of Dr. Williams, I have always kept some of the tincture of cannabis indica at hand, so that I could get it at short notice in case of emergency.

D. J. PARSONS, M. D.

Sweet Springs, Mo.

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Our Patient's Prescriptions.

It is a very natural and common occurrence for a patient, who has been benefited by a prescription, to prescribe the same to his friends, who, in his judgment, are similarly affected. Herein is both danger and benefit to the public and reputation of physicians. How, then, shall the danger be avoided and the benefit secured? By the physician furnishing a remedy in a well-tried formula, which he can repeat or change for another, as his judgment dictates and the case demands.

If a patient is benefited by a written prescription, put up and numbered by a druggist, a prescription, for example, given for inflammation of the bladder, the patient is likely to give the number of the same to his friend for paralysis of that organ, working to the disadvantage of both friend and physician; but if he is obliged to send him to the doctor's office for a definite remedy, it will be ascertained just what is needed.

When a physician keeps constantly on hand some reliable remedies in a convenient form, they will find their way into many families long before he will be able to get there himself.

Owing to political, social or business relations, many times the family physician will be retained while the members are exploring for remedies to help them out of some trouble. The knowledge of the real value of a prescription must come from the personal experience and efforts of our patients. For example: A gentleman came to my office and handed me one dollar for some of the anti-constipation pills described in the October BRIEF, page 1230, saying: "Doctor, I had suffered often for twenty years with blind headache, when one of your patients gave me some of your pills to try. Since then when I feel the blindness coming on, I take one and in less than an hour I am all right." This knowledge was worth more to me than the dollar. I knew the formula to be valuable in constipation, but had never suspected it could be so efficient in migraine. Since, I have used it more, and with better results, in indigestion than any other remedy.

It is also important for a favorite prescription to possess some distinctive quality to impress it on the memory of the patients and physician. For example: Some fifteen years ago, while engaged in the drug business, I gave a gentleman suffering with hemorrhoids a preparation of acetate of lead and oplum. He sent in others for the same, and now, after all these years, young men are coming to me for that *brown* ointment I gave their fathers for a similar trouble.

We can not dispense with the druggist, but we have the power and the privilege to divide the profit with him in some cases. It is a fact, as well as a wrong, that many physicians have written valuable prescriptions (the result of a long and costly experience) for which they never received one cent, while the druggist made hundreds of dollars from the same.

J. W. GREGG, M. D.

Brattleboro, Vt.

A Hair Tumor.

I have a very singular surgical operation to relate in my practice.

A few days ago, Judge —— came to me and said: "Doctor, I want you to examine me and see what is the matter. I have a swelling, a hard lump, near my anus, and there seems to be a discharge of some kind, which irritates and keeps me sore, or galled, there all the time."

I made the examination and found quite a swelling on the right side of the anus. It was red and angry looking, and discharging considerable pus. On further examination, I found two or three small openings. I at first thought it had the appearance of a fistula in ano, but on further research, I found that it did run up along the rectum but crosswise.

I syringed out the openings a few times with a carbolized solution, but soon found that it did no good, so I told him I should lance it and see what was in it. I did so, and out came a ball of cheesy pus, completely wrapped about with hair very similar in color and appearance to the man's beard.

I would like to know if anyone can tell where that hair came from and how it got there; or if any of the BRIEF readers ever saw or heard of such a thing before. The man himself says he has no idea how or when it could have gotten there.

W. J. WINNER, M. D.

St. John, Kan.

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THE MEDICAL BRIEF

J. J. LAWRENCE, A. M., M. D.
PROPRIETOR,
NINTH AND OLIVE STREETS,
ST. LOUIS, MO.

Vol. XXII. December, 1894. No. 12.

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Take Note.

This issue closes volume twenty-two. We desire to still further improve THE MEDICAL BRIEF the coming year—to make it of the greatest possible value and assistance to the active practitioner.

To do this, we must have some good, original papers, short, practical and to the point. We have among our contributors not a few men of marked ability, and while thanking them for past favors, desire to ask them to remember their favorite medical journal still more generously in the future.

Therapeutic Errors.

An article in the *Medical Record* of September 22d, upon sarsaparilla, celery and red clover, asserts that these well-known remedies are totally devoid of therapeutic virtue, and expressed great surprise at their ever-increasing popularity.

This is a great mistake. A properly made preparation of either of these remedies will exhibit properties astonishing to the average medical skeptic. Celery is one of the very best of mild nervines, while sarsaparilla and red clover are alteratives whose reputation dates back several decades, and which even the wretchedly inadequate preparations in general use can not suffice to entirely kill.

This article is simply another illustration of therapeutic skepticism which has been engendered by the use of poor drugs. We have spared neither time nor effort to enlighten the profession upon this subject, and until they realize the prime importance of dispensing and prescribing standard preparations, the problem of practice will never be reduced to anything like scientific accuracy.

A Medical Paradox.

In ye olden time a superabundant population was decimated by virulent plagues. Now, we achieve the same result in a more legitimate manner by the substitution of so-called anti-toxines in the treatment of dangerous infectious diseases.

The Proper Orthography.

If that word "anti-toxine" were spelled ante-toxine, it would convey its meaning more clearly to us.

A Therapeutic Plague.

The only cheerful prospect about the anti-toxine craze now prevailing in pseudo-scientific circles is the fact that the more partisan its disciples and the more extravagant their claims, the sooner must the inevitable reaction ensue. But the terrific loss of life in the meantime is just cause to bow the head of every honest disciple of Æsculapius in impotent shame and make the angels weep.

A Superficial Age.

The medical fads which degrade the dignity of the science point with unerring finger to the superficial nature of our accomplishments.

In this rapid age a majority of medical men are unwilling to build up a reputation by conscientious, toilsome methods.

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It is easier to jump at conclusions, and in a science where opinion plays so prominent a part, it is difficult to successfully controvert the rashest statement.

It is a crowded age, and doctors realize the need for individual differentiation, but are so eager for reputation and success that they are unwilling to sow the seed deep and give it time to germinate, but want to see the plant grow up with the ease and beauty that characterize those of the Eastern juggler. The minds of such men have an unconscious leaning towards the new, the startling, the sensational in medicine. They are ready to discard the old, anxious to try the new. They almost run over one another in their haste to promulgate a new theory, or discovery, which shall make them notorious, if not celebrated.

In this foolish rush after name and place, we are apt to forget that medicine is but a means to an end; that theories which have no utilitarian end in view must prove ephemeral; but extremes meet, reaction is at hand, and those who have clung to the old maxim, "Prove all things," etc., will reap the harvest.

Sleep.

The desire for sleep is produced by the presence of waste products in the blood. Persons who require a great deal of sleep and who are easily fatigued by mental application, who complain of asthenopia and a continual sense of weariness and irritability will be found to suffer from faulty metabolism, and when this vice of nutrition is corrected, the symptom, prominent among which is the necessity for excessive sleep, will disappear.

Local and General Treatment.

The old motto "Together, we stand; divided, we fall," was never more true than when applied to a diseased human body. It is a too common error to isolate a lesion, and simply direct treatment to the relief of the local condition. This is all right as far as it goes, but will seldom result in more than palliation.

Local treatment is both internal and external. It is useful in acute disease in lessening the inflammation; in chronic, by removing the attendant stagnation. The cause of the lesion may have been constitutional, or the constitution may have been secondarily affected as a result of the disease.

However, this may be, until general health is satisfactorily re-established, local treatment can only palliate the trouble.

This is especially true of genito-urinary diseases. It will be extremely difficult to cure chronic gonorrhea in a man suffering from habitual constipation, hemorrhoidal tumors or sluggish portal circulation, simply by measures designed to check the discharge without regard to the chronic pelvic engorgement; or to relieve the impotence solely by the use of remedies potent for good in the sexual sphere, while his digestive powers are at zero.

Think this over, doctor, and remember that a remedy, which works wonders under favorable conditions, may prove absolutely negative if the obstacles to cure are too numerous.

Therapeutic Skepticism.

Doctor, if you are ever assailed by therapeutic skepticism, lay aside any prejudices which you may have imbibed upon the subject and put truth to the test. Try some of the standard pharmaceutical products of our large chemical houses, and you will be both astonished and gratified at the results.

Nature and Art.

There is, at the present time, a craze for usurping nature's functions. The highest ambition of the physician seems to be to substitute the artificial product from the laboratory of art for the mysterious and wonderful transformations wrought in nature's crucible.

This attempt must prove as impotent, as vain as the effort to solve the mystery of life. We know that protoplasm is the inception of life, we have even ascertained its constituent elements; synthetically, we have combined them, but "thus far and no farther shalt thou go."

We can not breathe into the work of man the principle of vitality any more than we can restore the dead to life. Nor can we substitute tissue cells, or even organic secretions, for the product of

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individual cell activity with profit to the organism. All that we shall ever learn about life is the laws which govern it. These are exact, unwavering, severe but just. Nature is adaptive, because she desires above all things to fulfill her purpose, so that to live is the tendency of life.

The object of the true physician is to master the laws which govern nature and to give her, in time of need the assistance she requires, but this must be done in her own way.

If a boiler should fail to generate steam, we should not mend the matter by introducing vapor, but would fill up the tank and replenish the fire.

Phthisis.

Phthisis is the inevitable result of prolonged malassimilation in those whose lungs are weak. It is, therefore, preventable.

If progressive loss in weight, even though slight, received merited attention, we should see few cases of consumption, and hear less of that flat, stale and unprofitable subject—tubercle bacilli.

Dysentery.

Will contributors of the BRIEF, who have had some experience with the disease, please give us their views on the nature and treatment of dysentery.

Poisons and Stimulants.

All poisons are primarily stimulants. Dead protoplasm is at once a stimulant and a poison. Produced in normal quantities, as the result of functional activity, it is the physiological stimulant of the excretory channels. Produced in excess, as the result of pathological changes, it is a dangerous poison. The emunctories soon become unable to cope with their task of eliminating it, and succumb to inflammation or paralysis, or both.

Here microbes prove a valuable ally. As *living* organisms, they are less dangerous to the individual than the dead, disintegrating tissue upon which they thrive, and when the balance between waste and elimination is restored to normal, they disappear with the necessity which brought them into existence.

Malaria and Sepsis.

Malaria, like charity, covers a multitude of sins, but there is one serious error committed under this guise, very forcibly illustrated to the editor while visiting a recent clinic in New York, and to which he desires to call the attention of BRIEF readers. This is, the danger of mistaking the rigors and fevers which accompany pus collections for symptoms of malarial toxemia.

The patient, a man of forty-five years, had spent several years in South Carolina, and had suffered from malaria and from dysentery, a malady common to malarial districts. At the present time his symptoms were chills and fever, with pronounced sweating, vomiting, slight epigastric tenderness and enlargement. There was, also, a progressive loss in weight.

A diagnosis of carcinoma was soon eliminated; and, bearing in mind the history of dysentery, and the frequency with which it is followed by hepatic abscess, a correct diagnosis was soon made, an aspirator introduced, pus found, a free incision made, and the patient is now well on the road to recovery.

The lesson taught by this case is the importance of not dallying with malaria, and of recognizing and distinguishing the complications to which it may lead. Dysentery is undoubtedly a malarial manifestation, and should never be allowed to become chronic. Moreover, the free use of quinine should never be the sole dependence in malarial intoxication. The blood must be built up by a judicious combination of iron and the acid tonics, and the *liver kept active.*

Coryza.

During the fall and winter seasons, the majority of people suffer from repeated colds, which occasion much temporary distress, pull down the general health, and prepare the way for serious complications. The profession, as a rule, pays but little attention to trivial maladies of this character, because they never threaten life and but seldom confine the patient to bed. It is, however, by relieving slight disturbances that we prevent more serious pathological manifestations. Therefore, let us have some good formulæ for the early relief of "common colds."

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Toleration.

Violent opposition to opposing views is always indicative of a low degree of culture. It is sometimes mistaken for the strength of conviction, but an intelligent mind can easily differentiate between unreasoning prejudice and the partisanship which follows a clear understanding and appreciation of a subject.

Toleration is a certain sign of a broad mind, an intelligent spirit. Toleration opens the eyes of the mentally blind, enables them to see both sides of a subject and to get at the truth which lies at the heart of all things. A tolerant man may be safely trusted under all circumstances, his heart is full of charity, but the intolerant man is blindly prejudiced and harder than millstone.

Doctors, be not intolerant. Carefully investigate and test a question, and when you have found the truth, speak with the strength of your convictions.

Causes and Effects.

Remember that many different causes have an identical pathology. Ascertain the *particular* cause operative in your case and treat that. If you treat the pathological condition *only*, you may simply smother symptoms, or turn the irritation in another direction.

To illustrate. Gastritis may be due to chemical irritants, to excess in diet, to cardiac disease or portal obstruction, and if you direct your entire attention to the relief of the inflamed viscus, your success must be imperfect or partial. The cause must be accurately determined and removed or palliated.

The Emotions as Disease Factors.

In the consideration of the problem of disease, we do not attach sufficient importance to the nervous system as an etiological factor.

It has been found by experimental analysis that the chemical composition of the perspiration varys greatly with the passions and emotions under which the individual labors. Reasoning by inference, may not the same be said of other secretions? Certainly we know that toxic changes occur in human milk as the result of great anger, and the depressing emotions entirely check gastric secretion and render the mouth foul. The influence of fright in causing the hair to stand, the skin to assume the appearance of goose flesh, and the muscular system to become generally paralyzed, is well known. It is also true that suspense and disappointment give rise frequently to excessive micturition and emotional diarrhea.

If then the emotions have such power to influence bodily functions and change the secretions, may not the development of toxines be traced to this source? It would be interesting, in this connection, to know whether the emotional temperament is more prone to disease than the phlegmatic individual. The experience of the editor is in the affirmative, but he would like to hear the opinions of his readers on the subject.

Malnutrition of the Skin.

The editor is in receipt of a letter from a young lady, containing an earnest appeal to the profession to give more consideration to the subject of cosmetic medicine. She has used a number of remedies, and paid out large sums of money to frauds and charlatans for worthless information, and is now in a worse plight than formerly, with the addition of an annoying hirsute growth on the face.

Will the gallant readers of the BRIEF advance their views on the treatment of acne in its various forms, comedones and seborrhea oleosa.

The subject is one really worthy of serious thought. A majority of the feminine population suffer from one or more of these objectionable affections, to their great mortification and distress, and are willing to pay liberally for reliable information.

Brother doctors, come to the relief of these unhappy individuals.

The Philosophy of Fevers.

We all recognize a fever when we see one; the symptoms are familiar enough, but do we comprehend its philosophy? And how can we treat it rationally unless we do this?

The great desire of the average doctor when he comes to do battle with a fever is to reduce the temperature. He is not so particular about the means if he can only keep the patient from feeling so

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hot. Nor, is he wrong in this ambition. He knows, and his father and grandfather knew before him, that nothing will so quickly reduce the patient's strength and vitality.

A fever is a fire. It is nature's trump card. When the physical furnace is completely choked by the ashes and clinkers derived from thoughtless man's errors and vagaries, she kindles this mighty blaze. But a fire is a fire, and will consume not only refuse but everything else with which it comes in contact. So it behooves us to quickly extinguish it.

But there are ways and ways of doing this. If we have a bonfire in the yard and build an iron wall around it, the damage will not be so extensive; but as long as there is material to feed it, it will continue to smoulder and poison the air with noxious vapors. So, if we are content to simply reduce the temperature the battle will continue to be waged in the pent-up enclosure.

In all fevers, there is an almost complete cessation in the process of nutrition. The gastric secretion fails, appetite declines, that beautiful, never-failing, instinctive organic consciousness warns the digestive viscera that to take in further supplies would be to prolong the struggle by feeding the fire.

The pause in nutrition causes fatty degeneration of the heart and other muscles. This has its compensation in the weakened circulation and rest which it entails. All the other organs are on a sympathetic strike. The blood is badly damaged, and there is an enormous destruction of nervous tissue, especially of the gray matter of the brain. The function of volition is in abeyance.

Fevers are local and general, have many different causes, and vary in intensity. The organs miss their physiological stimulants; the messages which come to them over the wires of the sympathetic nerve are contradictory and not easily understood. They should, then, be artificially stimulated. If we open the sluice-ways of the emunctories, it is like turning a stream of cold water on a fire. Acids, such as dilute hydrochloric, nitro-muriatic, phosphoric, or simple lemonade, are beneficial. The phosphates of iron, soda, potash, calcium will hasten convalescence. The food should be fluid, pre-digested, and given in small quantities. The skin should be frequently sponged with warm water containing ammonia, with alcohol or vinegar.

In the first stage of sthenic fevers, the heart may be quieted by a vigorous cathartic. In the latter stages and in asthenic fevers, a mild heart stimulant should always be given. There is nothing better than Cactina Pillets, and, moreover, they are valuable as a gastric tonic as well.

If the fever has a local cause, as is usually the case, then as long as this trouble continues to furnish fuel, the fever can not be extinguished, and treatment must be instituted to restore the normal integrity of the part. The circulation must be equalized, the blood built up, and absorbents and emunctories kept active.

Erratum.

In Dr. Silas Hubbard's article on "Pin-Hole Os," page 1334, November issue, please change the word *cervix*, in second column, line 35, to *coccyx*.

☞ *Guaranteed circulation is in excess of 30,000 copies each month. Proven by post-office receipts.*

Alcohol in Disease.

Dr. J. Campbell Anderson's paper, page 1188, of the October number of the BRIEF, suggests the following thoughts: He is willing to use alcohol in the treatment of tuberculosis, if convinced that it will do no harm, and would like to hear from the BRIEF family on the subject. It is one that is worthy of our consideration. I will give my views, however unpopular they may be.

I believe in using medicine for its effect at the time given. If I think alcohol, opium, chloral, chloroform, strychnia, atropine, arsenic, prussic acid, nitroglycerine, nitric acid, phosphorus, or any other deadly poison is indicated, I give it, not bothering myself about what may happen if the patient undertakes to play doctor and prescribe for himself, thereby causing some disaster with which I have nothing to do. That the injudicious use of poisons is wrong everybody will admit, but to refuse to prescribe a well

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known remedy, when indicated, simply because in the patient's hands it may do harm, is all bosh. It is well known that alcohol is indicated where there is great depression shown by empty blood vessels. When you examine the radial artery and find that it is comparatively empty, give a dose of alcohol suited to the age of the patient and see how soon he is relieved. You need not keep on dosing him until he is drunk, but frequently when there is a sudden drain on the circulation, as when an active diarrhea sets in, the blood vessels are emptied so fast that, unless the supply is increased, you will soon have a funeral. Here alcohol and opium are indicated, and the doctor who refuses the administration of them because he is afraid the patient will afterwards become a drunkard or an opium fiend, is foolish.

The simplest remedies often do harm when not indicated. Quinine, the sheet anchor of the profession, often causes deafness, and sometimes blindness; and I had rather be the biggest drunkard in the country than to be blind, because I could leave off my habit and be well; but once blind there is no relief. So you see it is a mistake to parade the evil effects of medicines when not indicated. There is scarcely a remedy of any value that is not capable of doing harm if improperly administered.

Alcohol meets several indications, and rightly used is as harmless as bread. As an anesthetic it has few equals. It will allay pain when other pain-killers fail. Its after-effects are less troublesome than those of opium, chloral, chloroform or ether. Its use as a liniment is not properly appreciated. Try it, brethren, in bruises, sprains, and in all places where you are in the habit of prescribing liniments. Try it in earache caused by an accumulation of hardened wax.

Now, I hope the brethren will not think I am in favor of drunkenness because I have faith in alcohol as a remedy.

A man came into my office last week and asked me to give him some morphine; acknowledged he was a fiend, showed me his arm which was almost a solid scar from the effects of the hypodermic needle. Said he could take three grains at a dose. I was sorry for him and gave him about one grain. He said that he had had typhoid fever and pneumonia and the doctor prescribed it for him, and since that time he used it for pain. This man was able to work, and wanted to work and take morphine as pay. I told him I could not pay for work in that way and asked him why he did not quit. He said he intended to. That he was going home (to Kentucky), where his father (a physician) lived, and try to get cured.

Now, here was a case to try your sympathies. A doctor's son a morphine eater. Shall I refuse to relieve my fellow man because some crank thinks he can not get along without morphine? Shall I refuse to feed my family because some idiot is a glutton? No! We must continue to use dangerous remedies. If we throw away all remedies that have done harm, we had as well "throw up the sponge" and quit. Ether is as apt to kill as alcohol, but we must use it.

A few more thoughts and I am done. There is no use in trying to remove evil from among us so long as we are evil ourselves. When men have learned to resist evil, then the victory is won. We can not remove the surrounding oceans, but we can keep out of them. Let us learn to rightly use what may be evil if wrongly used. It is no use to remove the well to keep from jumping into it; just stay out, that is all that is necessary. Some men would have all poisons and dangerous remedies removed, and when sick curse the doctor because he could not relieve them. The man who can not stay among evil men and yet not do evil is not a christian. Jesus prayed, not for the removal of men from evil or evil from men, but that men should not be overcome of evil, and He taught correctly. So, to make a long story short, learn to use *rightly* all the blessings by which you are surrounded, but do not throw them away because they do harm when *wrongly* used. Prescribe alcohol or anything else when indicated, but don't get drunk and lay all the blame on the medicine and doctor when *you alone* are to blame.

W. P. HOWLE, M. D.

Oran, Mo.

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Scarlet Fever.

Readers of the BRIEF, I have two cases I would like to have you diagnose as nearly as possible by the clinical history I shall give. My diagnosis in the case of the first child taken down was spotted fever, until the eruption appeared, and the lymphatic glands of the neck became affected with slight desquamation of cuticle.

Case 1. Child, aged two years. Was called September 15th. Temperature 102°, bowels loose; had been sick two days.

Sept. 16th. No change in temperature; tongue coated, bowels loose, child drowsy.

Sept. 17th. Symptoms same, except child lies with head thrown back. When not drowsy, very restless.

Sept. 18th. Noticed spots, about the size of pin heads, on arms and wrists; some on body over abdomen. Those on wrist purple underneath true skin; those on abdomen more of a red color.

Sept. 18th, 19th, 20th and 21st. About the same, except more stupid at times; other times very restless.

Sept. 23d. Had a chill, hands and feet cold, difficult to warm; temperature came up that night to 103°; much thirst.

Sept. 24th. Eruption on face of minute red spots; face some bloated; swelling of lymphatic glands of the neck.

Sept. 25th. Temperature 102°; scratches face and head; very cross and restless.

Sept. 27th and 28th. No change, except some disquamation of little branny scales on legs and abdomen.

Oct. 3d. Lanced abscess that formed on gland of neck and jaw.

My treatment was belladonna, phytolacca, jaborandi in one prescription; chloride of iron and chlorate potash in another, alternated.

Case 2. Brother of first, aged four years; taken down October 3d. No fever, but prostrated, drowsy.

Oct. 4th. Little fever, very pale.

Oct. 5th. Temperature 104½°; quite sick; night of the 4th delirious, picked at the bed-clothes, tried to bite them.

Oct. 6th. Temperature 103°; very stupid and pale; tongue white, except on base, brown coating.

Oct. 7th. Temperature 103°; very drowsy, stupid, would rouse up very little when talked to, but again drop back into a stupid and drowsy condition.

Oct. 8th. Temperature 101½°; very pale, tongue red, dry, child very stupid.

Oct. 9th. Temperature 103°; child very stupid; asked to see his tongue, he barely opened his eyes, protruded tongue very little, and again fell back in a stupor. Countenance very pale, death-like look. No eruption as yet. There was slight sore throat, but no enlargement of tonsils or difficult swallowing in either case, except dryness of throat of first case later on, and, after lymphatic enlargement, some difficulty in swallowing.

Diagnosis, scarlet fever. Had them quarantined as such, yet eruption appeared late in first case, and not yet in second case. Had hard work to get family quarantined, as they think it is not scarlet fever. If not malignant scarlatina, what is it? Let me hear through BRIEF, or by letter, and oblige.

I will complete the history with an account of the final outcome. Am going to see the case this morning. As I am a new man here, and have an egotistical opponent and his friends to fight, I am interested in knowing whether I am correct in the diagnosis, and qualified to practice my profession.

Will some one give me the medical properties of phosphate hydrastia, and dose of same. I have taken a number of journals, eclectic and others of the regular school, but the BRIEF seems to be the most desirable, and altogether admirable for grand sentiments, and a good, old, friendly class-meeting of medical experiences.

J. H. KERN, M. D.

Palmyra, Ia.

☞ *Every year gives us a large and permanent increase of subscribers. In 1894 it was larger than any previous year.*

A Fraudulent Charge.

Dear brothers of the fraternity: I find it impossible to answer you all, but will say—Yes, I am a married man of large family, in stringent circumstances; a graduate of University of Pennsylvania; post graduate course Louisville Medical College; I am a member of the two popular secret orders, and it is a trumped-up, malicious prosecution.

Success to the *dear old* BRIEF.

Sedgwick, Ark. BOX 84.

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Abortion.

On the fifteenth of October, 1894, at one o'clock A. M., I was hastily called by one Mr. A., who told me that he wanted me to get to his house (which was about three blocks from my office) just as quick as I could, stating that his wife (a multipara) was flooding to death. So, knowing that the lady was rather weakly constituted, I felt that probably I had a pretty tough case; nevertheless, I got to the residence as quickly as I could, and, upon an oral and digital examination, found that the lady had been flooding considerably and was suffering rather severe pains, in character resembling those of labor. So I at once came to the conclusion that I had a case of threatened miscarriage, as the husband and wife had told me they thought that gestation had advanced to about two and one-half months. I immediately instituted measures to check the miscarriage, giving my patient a hypodermic injection of morph. sulph. in connection with liquor sedans, as an anti-abortifacient. Within about an hour and a half my patient became easy, and after waiting about an hour longer and making another examination, there appeared to be some grounds for hope that the miscarriage might be averted. Accordingly, I left for my office, with the instructions that if there was any return of the hemorrhage, the husband was to let me know at once.

At nine o'clock A. M., same morning, I called again to see patient and found her feeling very much better, though was informed, by the husband, that soon after I left quite a mass was passed while patient was urinating. The husband had destroyed the mass before my return, but I concluded that probably the contents of the womb had been expelled during my absence. I therefore made an examination, and, so far as I could ascertain, there was no special indication towards further advancement of the trouble in question, so did not see patient again that day.

At half past twelve o'clock the following night, I was called almost as unexpectedly as on the preceding one, by the husband stating that his wife was flooding again. So I at once realized the condition of things and made great haste in getting to my patient. Upon examination, I found quite a mass protruding at the vulva, which I proceeded to remove as speedily as possible, and just as I succeeded in removing about a two and a half months old fetus and membranes, my patient went into a comatose condition, and for about twenty or thirty minutes it was pretty hard to tell whether she was really dead or not. So, being a young man in the profession, and having resided in the neighborhood for only six or seven months, you may readily imagine my feelings. Nevertheless, I thought of the old maxim, that there is hope while there is life, and kept working with my patient, giving her stimulants as best I could, placing warm cloths over the abdomen, and further secured the expulsion of the contents of the uterus and vagina, and within thirty or forty minutes I could see that there was a reaction taking place. I still continued the free use of spts. frumenti, and also washed the genitalia with warm water, to which I added some sol. acid. carbolic and tinct. ferri chlor., in the hope of securing a firmer contraction of the uterus and also to render the parts aseptic and remove any clots that might have failed to pass.

On the sixteenth at half past ten A. M., I called again, and upon examination found that there was (as is often the case) a retention of membranes. So I partially introduce my hand and succeeded in re-removing quite a mass of membranes and clots, after which I proceeded to wash the genitalia as before.

Called again at half past five P. M., found patient suffering with slight pain, and for the first time a little rise of temperature to 100° F. So I decided that there must be a further retention of membranes, and again introduced my hand partially and succeeded in removing more of the retained placenta and clots. Yet, owing to the patient's prostrated condition, did not succeed in getting all of the retention, so I washed out the womb as before, and gave patient a half drachm of fluid extract ergot, with directions to give ten drops every hour for three doses, with the assurance that I would return at half past nine P. M. At my evening visit, I found patient resting easy, so left to return at nine A. M., next day.

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The following morning, I found patient had rested very well during the night. Temperature 99½° F. Pulse ninety per minute. Examination showed that the uterus had contracted down to about its normal position, and the lady and husband informed me that there was quite a mass of clots and membranes passed during the night. Still used the wash, and gave patient three grains of quinine every six hours.

On the morning of the eighteenth, found patient had passed a very restless night, and examination disclosed some little tenderness in the lower bowels, with lymphangitis. Temperature 101.5° F., with slight pain in right, upper lobe of lung and pleura. Slight dullness on percussion. As patient had been troubled with this lung and pleura before, I rather feared a further extension of this trouble. So, I at once put her upon a very vigorous course of treatment, consisting of syrup hypophosphites comp. (Fellows') in connection with quinia sulph.

On the following day (the nineteenth) found patient still very restless, flushed cheeks, coated tongue, pulse one hundred and five, temperature 103.5° F. I just kept up the treatment and wash as before stated.

On this, the twenty-second, ten A. M., found patient with temperature normal, pulse eighty, and in short, I consider my patient in safe condition.

Now, for a few questions. What was the direct cause of that sinking spell or comatose condition into which patient fell on the morning of the abortion proper? She had flooded but little during the preceding night.

Was the sudden rise of temperature a symptom of impending peritonitis? And was it controlled to a certain extent by the carbolic acid wash? Now, brethren, I hope that I shall receive further enlightenment on this case. Also, that I have been able to make it plain, especially to those of you, who are more experienced in such cases. I submit this communication to one of the best medical journals (THE MEDICAL BRIFF) for future enlightenment or criticism as its readers see fit.

T. A. MICHIE, M. D.

Hiattville, Kan.

Maternal Impressions and Monstrosities.

On page 1315 of the November number of the BRIEF, Dr. Murdock, of Chicago, has an elaborate paper on the above subjects. He tells, in so many words, that too much or too little development of the fetus is the cause of monstrosities; as much as to say, a small man is small just because he did not grow any larger, and a big man is big because he grew that way. This gives us light on a subject heretofore not understood, and reminds me of an anecdote I once heard.

One darkey asked another what was the meaning of Government and State. He answered, "Don't you know that?" The questioner replied, "No." "Well, sir, I can explain that to you in a few words. Government means Government, and State means State." And the questioner said, "Thank you, sir. You gave me more light on that subject than any man I ever asked."

And I, a poor swamper, feel like thanking Dr. Murdock for his kindness in this matter. Thanks are due him, also, for calling attention to the fact (?) that, although the fetus in its circulation and nervous system is as independent of the mother *before* birth as *afterward*, that this monstrosity business *runs in families!*

Chicago is entitled to the cake and will get it, and don't you forget it.

Oran, Mo. W. P. HOWLE, M. D.

"Abortion and Sequelæ."

I notice in that very excellent journal, the MEDICAL BRIEF for November, on page 1354, a case of "Abortion and Sequelæ," by Dr. I. M. George, of Smackover, Ark.

After elaborating the case, he concludes with an inquiry as to the diagnosis of the case. Now, without quoting a single paragraph of Dr. George's exigesis (because all the BRIEF readers can read the report for themselves), I simply wish to differ from both Dr. G. and the editor. The latter says it was a case of "endometritis." I say it was a case of twins, where one came away in March and the other in May.

Would be glad to hear from others on the case. H. S. JONES, M. D.

Corydon, Ky.

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How To Pass a Catheter by a Layman.

I suspect that the above heading will be read with much skepticism, but I feel impelled to pen these few remarks because of the practical ignorance I have observed in the only three doctors with whom I have come in contact in the matter.

I will designate them as Nos. 1, 2 and 3. Nos. 1 and 2 are well past middle age, and in practice long enough to know the A B C's of minor surgery. No. 3 was an old doctor with a large practice.

The text-books probably give rudimentary directions, so we will omit what may be found in them, and mention only what the doctors did not appear to know.

In the first place, the only safe method is with the thumb in the rectum and a finger on the perineum, when the entire course of the catheter may be traced and the end swung at the right time to keep the point in the natural course of the urethra.

NOTE.—Old Doctor No. 3, omitting this, the catheter pocketed under the prostate; then using force, it jumped into the bladder, drawing blood, which stopped his operations for that day.

The proper person to pass the catheter is the person himself, and he can pass it in the above way if instructed.

NOTE.—Doctor No. 2 said a patient could not pass a catheter, and showed his own ignorance by trying to withdraw it straight, when it was grasped by the patient to save himself from being scored.

The catheter should be long enough.

NOTE.—Doctor No. 1 reached his patient in the country with a two-joint pocket catheter, too short; bladder full; had to give it up; did not get there again for twenty-four hours; patient had been howling in agony all day.

If it is the common, ivory-tipped catheter, file a notch on the ivory to indicate the concave side and eye.

NOTE.—Doctor No. 1, omitting this, got his catheter exactly upside down, or point downward *twice* in the membranous urethra where he was doing dangerous work, and after much rasping and scoring finally gave it up, when the patient passed it with ease.

Smooth the point of the wire on emery cloth, and see that it has not been pressed through the point of the catheter; if it has, drop a bird shot down to the end. Keep the thumb pressed on the wire to prevent the point emerging through the eye, but not hard enough to perforate the end of the catheter. If it appears to pocket under the prostate, draw it forward so as to hook against the pubes, or take the wire out and press upward with the finger one inch in front of the anus—much the better way; if this was understood there would be fewer rubber catheters sold.

When the point arrives at the sphincter, direct the patient to contract the sphincter hard and then relax it, when, like any other muscle, it will more completely relax. He should also be instruced to relax the levator ani; with this last point attended to, injections may be made standing, without the use and irritation of a catheter.

NOTE.—Doctor No. 2 said an injection could not be given unless a catheter was passed inside the sphincter.

Hoping these practical hints may be useful to those who must make use of a catheter and have not discovered them, and possibly lead to the organization of a laymen's club for the instruction of doctors, I respectfully subscribe myself,

Tampa, Fla. H. R.

☞ *The Brief has 128 pages each month, and only $1.00 a year.*

Various Topics.

I have had many cases of smokers' aptha lately and find the following prescription of use:

R. Potass. Chloratis..... 1 drachm.
Aqua..... 2 ounces.
Tinct. Myrrhæ..... 1 drachm.

This mixture is used as a wash night and morning.

Smokers' aptha somewhat resembles the small patches seen in the infants' mouth and called "thrush" by the ignorant, but the patches are larger and occur when a tobacco of improperly cured nature is used. The smokers' aptha is not mentioned in any of the books, and it is found in cases where excessive smoking is indulged in. "The nicotine heart" is almost always present.

A gentleman in Texas asks if bicycling is injurious. When the "iron horse" is ridden at a moderate speed and for a short distance it is beneficial. The riding of any bicycle of any make brings into play the flexor and extensor muscles of the legs. *The riding is only a leg exercise* at best. Excessive riding may produce sprains and bruises, and one or two case are recorded where the "tendo achillis" was ruptured or torn. Five miles is sufficient for a woman; twenty

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miles for a man. The exercise of the legs alone may develop them somewhat, but the most danger is that arising from "varicose veins."

Dr. Wiggin, of New York, in speaking of operations in the region of the abdomen, says: "There are three great dangers to be expected—hemorrhage, sepsis and adhesions of the intestines." The doctor forgets another danger—shock, and wounds produced by pointing abscess. Perhaps we ought to call these dangers accidents. More than one case has died by and through shock, especially in women of a high nervous organization. The doctor speaks also of the danger of operating upon women who are run down and greatly debilitated, and wisely suggests that the system should be built up by hygienic measures before any operation is attempted.

The Ohio State Board of Health has been making some chemical investigations lately, and finds that sophistication is quite a common thing in that State, and that substitution is frequently resorted to. Many have been fined there for sophistication. A report shows that butter, flour, cheese, coffee and vinegar are all adulterated.

L. G. DOANE, M. D.

New York City.

A New Dressing for Vaccination Wounds.

I wish to suggest the use of what I consider as being quite an ingenious dressing, used here in New York for the protection of vaccination wounds. An old and erroneous method in the performance of vaccination, was to blow or fan the surface in order to hasten the drying process, but it is now well known that the longer the surface remains moist, the greater is the probability of the success of the operation. In office practice, where the physician has only a certain length of time at his disposal, it is often a source of no little inconvenience to have patient sit in his private office waiting for the vaccination to dry; while other patients are in the reception room anxiously awaiting their turn. Of course, it is altogether out of the question to think of sending your patient out into the general reception room to wait. Especially is this true in reference to girls, who are now never vaccinated on the arm, but on the outer side of the thigh a few inches above the knee, for the sake of cosmetic effect.

The advantages of this method are:

1. It acts as a protection to the surface from the friction of the clothing and from blows.
2. It shuts out the atmosphere, thereby lengthening the drying process and increasing the chances of success.
3. It saves time to both the physician and the patient.
4. The vaccination can be examined without removing the dressing, by simply elevating it on one side.
5. Ordinarily, one dressing is all that will be required.
6. It is cheap.
7. It pleases the patient.

The dressing is prepared as follows:

1. Cut a circle of rubber adhesive plaster, with a diameter of three inches. Cut through from circumference to center.
2. Cut a circle from an ordinary medium weight visiting card; and from this circle remove a quadrant.
3. Stick the card firmly to the center of the plaster, making one cut edge coincide with a cut edge of the plaster.
4. Bring the cut edges of the card into opposition by overlapping the plaster, thereby forming a cone.
5. Cut through plaster from its circumference to the circumference of the card four or five times and apply.

W. D. TRAVIS, A. B.. M. D.

New York.

Warts.

On page 1358 of the November number of the BRIEF, I saw an inquiry for the medical treatment of warts. I have used thuja, tincture or fluid extract, with very gratifying results. Paint the surface of the wart with thuja, and give drop doses, well diluted with water, internally four times daily.

I have seen several cases cured in a week with this treatment.

C. A. EMMONS, M. D.

Chicago, Ill.

☞ *We fully appreciate the kindness of our old subscribers in sending us new ones.*

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Migraine.

Mrs. R., aged forty-two, bilious temperament, mother of two children—oldest twelve years, youngest six years—married at twenty-five, menstruated once between thirteen and fourteen, then not until seventeen years of age. Health was good, but from seventeen years of age she has had periodical attacks of pain in small spot in one temple, with distress in stomach. Attacks occur every two to four weeks. They come on rather gradually and last from six to twenty-four hours, when she vomits green fluid, which gives ease in stomach but does not give relief of pain in temple, which lasts from one to three days, when she is comparatively well until next attack. One attack of pain is only located on one side, next attack on the opposite side. Quite a small area is affected. Menstruation is usually regular, sometimes occurs too soon; about normal in quantity. No pain except that in head and a slight pain in ovarian region. An attack may come on at beginning or end of menstruation; also between menses. Had some periodical pains during pregnancy. Bowels had been constipated, but the following cured constipation:

R. Tinct. Belladonnæ ..... 1 drachm.
Tinct. Nucis Vomicæ ..... 1 drachm.
Ext. Cascaræ Sagrada fl..... 4 ounces.
Aquæ Distil ..... q. s..... 4 ounces.

M. Sig.: One-half to one teaspoonful in water on rising and at night.

During an attack her husband has to stay by her bedside and sometimes hold her in bed. As he is a farmer and lives quite a distance from medical assistance, he is very anxious his wife should be relieved. Other physicians have treated her without benefit. I have used the following medicines without much benefit: Viburnum, caulophyllum, cimicifuga, belladonna and aletris farinosa.

Her health is fair between attacks.

Let me hear from editor and BRIEF readers. J. E. BECK, M. D.

Parkston, S. D.

[Patient is suffering from migraine; a most obstinate and intractable disease to treat. It usually affects those of neurotic temperament, and is of the nature of an electric storm, clearing the physical atmosphere for the time being. In the majority of cases, it is the vaso-motor system which suffers, and there is internal congestion.

At the onset of the attack, let the patient take a hot mustard bath, and give the following:

R. Spts. Etheris Comp..... 1 ounce.
Spts. Camphoræ..... 4 drachms.
Papine..... 1½ ounces.

M. Sig.: One teaspoonful in wineglass of water. Repeat in half an hour and then at intervals of two hours until the pain is subdued.

In the intervals of pain examine the orifices of the body for sources of irritation. Also the viscera. Iodia, a teaspoonful three times daily might help her by eliminating irritating material from the blood and improving the circulation.—ED.]

☞ *The Brief will be better than ever for 1895.*

Preservation of Life.

The man who would like to preserve the full integrity of his functions to a ripe old age, must first avoid excesses of every description, have plenty of fresh air, good food, and must, furthermore, endeavor to employ the higher faculties of his mind somewhat more energetically than is usually customary.

A time comes to every one when the physical powers begin to decay, and unless the brain has been kept active and recipient by exercise there is nothing left to live and man perishes.

It has always been a universal rule among physiologists that, whenever the brain undergoes a prolonged rest, it atrophies. In almost all cases where prolonged rests have been instituted, you find the following takes place:

1. Anorexia.

2. Progressive and long-continued headaches.

3. The inanition which has taken place so affects the muscles that they become shriveled and flabby, and the whole body finally becomes so ill-nourished that the pale, dry skin hangs in broad folds and wrinkles about the bones whose prominence are everywhere visible. The face has a very aged expression, the eyes are dull and lusterless, the hair turns grey, etc.

Therefore, is it, because of the prolonged emaciation, that he is exposed to any and all of the acute and chronic contagious diseases. Organisms finally invade the system, and he succumbs to one of the above named affections, or to

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some inter-current malady. We say he died of gout, over-eating, heart disease, kidney disease, or the failure of the particular organs to perform their functions properly. He simply died for the want of vital energy absolutely necessary for the brain cells to possess.

ERNST E. SCHMIDT, M. D.
Covington, Ky.

Sexual Apathy.

Advice in the following case would be highly appreciated:

Patient, if such she may be called, is a nicely developed little woman of twenty, recently married. She has no sexual desire. Menstruates regularly, often too profusely. Extremities and face habitually very cold. She doesn't seem to be anemic. Says, herself, that she has never had much sexual desire, but less this year than ever. She is so cold, her husband almost despairs of cohabitation. She is a loving, good little woman. Seems to enjoy average health.

Please answer through BRIEF. I am a subscriber and always expect to be. I appreciate the BRIEF, not only for its literature, but for the reliability of its advertisements. ROMULUS.

[Recommend the following:

R. Tinct. Nucis Vom..... 4 drachms.
Sanmetto ..... 3 ounces.
M. Sig.: Teaspoonful three times daily.

Also prescribe measures to rouse the circulation. There is evidently a venous hyperemia of the pelvis. Hot baths frequently, a vigorous walk of one to five miles daily, or cycling will be beneficial. All measures which improve the general health tend, likewise, to benefit the sexual function.—ED.]

☞*The money must accompany the order for subscription.*

The Skin.

The skin is entirely too much neglected in the treatment of many diseases. Prominently among these are pneumonia, rheumatism and pleurisy. When the intimate relationship existing between the skin and all that is within, especially the liver, is fully understood, it is passing strange that this should be the case. I have seen, many times, some of the most important medicines, calomel, opium, ipecac and quinine, fail to do good simply because the skin was inactive, dry and harsh. Apply from ten to a dozen ears of hot boiled corn to the patient and produce a free perspiration, then see the difference in the pulse and the symptoms generally, and especially the action of the medicines.

The physician who expects to see good results from the administration of the medicines named, when the pulse is frequent and small, and the skin constricted, dry and harsh, will always be deceived. Induce a free action of the skin, slow the pulse and make it full and soft, then the best results will be seen. Every physician should remember that is simply impossible for any patient to recover as long as the skin remains inactive. Make the skin act. *This can always be done.* Then see the vast difference in the case and in the action of the proper medicines.

D. J. PARSONS, M. D.
Sweet Springs, Mo.

Letter of Thanks.

My communication on "Placenta Previa" has brought forth scores of answers from the leading professional men of the fraternity. Many thanks, brother M. D's. for your kindly advice and suggestions. I find it impossible to answer you all personally, and resort to the BRIEF. Your kindness is highly appreciated by one who is anxious to learn. BOX 84.
Sedgwick, Ark.

Neuralgia.

Seeing that Dr. Langwith desires a treatment for neuralgia, I give a formula which I have used for twenty years without a single failure. I have treated hundreds of cases. The formula is as follows:

R. Potassii Nitratis ..... 4 drachms.
Aq. Camphoræ ..... 1 ounce.
Mix. Sig.: One teaspoonful in a half wine glass of water every fifteen minutes until relieved.

If the pain should return, use as at first. I am satisfied the doctor will never regret his experience with the formula. I would be glad to have the profession give it a trial, and let me hear the result, privately, or through the MEDICAL BRIEF.

THOMAS S. LANE, M. D.
Bronte, Tex.

☞*Renew at once so as to get the next issue on time.*

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Reliable Formulae

INSOMNIA AND DELIRIUM OF TYPHOID.

R. Tinct. Camphoræ ..... 6 drachms.
Papine ..... 6 drachms.
Syr. Simp ..... q. s. ..... 2 ounces.
M. Sig.: Teaspoonful night and morning.

COUGH MIXTURE FOR PHTHISIS.

R. Liq. Atrophiæ Sulph ..... 12 minims.
Syr. Doveri ..... 1½ ounces.
Inf. Rosæ Acid ..... q. s. ..... 6 ounces.
M. Sig.: Tablespoonful when necessary.

ASTHMA.

R. Chloroformi ..... 1 drachm.
Ætheris ..... 1½ ounces.
Syr. Acaciæ ..... 1 drachm.
Tinct. Cardamom Co. ..... 1 ounce.
M. Sig: A teaspoonful every half hour until relief is obtained.—*L' Union Med.*

HAY FEVER.

R. Tinct. Aconiti Radicis ..... 1½ drachms.
Glycerini ..... 2½ drachms.
M. Sig.: Apply to outside of nose.—RINGER.

IRON TONIC.

R. Tinct. Ferri Chloridi ..... 2 ounces.
Acidi Phosphorici Dil ..... 2 ounces.
Syr. Limonis ..... ½ drachm.
Glycerini ..... 2 ounces.
M. Sig.: One teaspoonful in one-quarter glass of water two hours after each meal.

DEPOSITS ON THE LENS.

R. Acid. Phos. Dil ..... ½ drachm.
Tinct. Jaborandi ..... 1½ drachms.
Syr. Calc. Lacto-phos .... q. s .... 4 ounces.
M. Sig.: Teaspoonful before meals and at bedtime.

FALLING OF THE HAIR AND RINGWORM.

Dr. Brocq (*Progres Medical*) recommends the following, both in falling of the hair and ringworm:

R. Carbolic Acid ..... 3 ounces.
Chloral ..... 3 ounces.
Tinct. Iodine ..... 3 ounces.
M. Sig.: Apply once a week with a brush. Three to four times for ringworm.

UREMIA.

Dr. Guttmann (*Med. Neuig.*) speaks highly of the following formula as a stimulant in uremia:

R. Acid. Benzoic ..... 15 grains.
Camphoræ ..... 15 grains.
Alcoholis ..... 3 drachms.
M. Sig.: A syringeful, hypodermically, is a strong stimulant.

PEDICULOSIS CAPITIS.

R. Ol. Staphisagriæ ..... 1 ounce.
Ol. Limonis ..... 1 drachm.
Ol. Amygdalæ ..... ad ..... 4 ounces.
Mis. et ft applicatio. Sig.: To be applied to the affected parts daily.—*Practitioner.*

OVARIAN NEURALGIA.

R. Tinct. Digitalis ..... 1 drachm.
Tinct. Gelsemii ..... ½ drachm.
Peacock's Bromides ..... 2 ounces.
Aquæ ..... q. s. ..... 6 ounces.
M. Sig.: Tablespoonful in water every three hours.

CORNS.

R. Acid Salicylic ..... 1 drachm.
Emplastr. Saponat ..... 3 ounces.
M. f. empl. Sig.: Apply on lint.

CHRONIC HEADACHE.

R. Sodii Arsenatis ..... ½ grain.
Atropiæ Sulph ..... ½ grain.
Ext. Aconiti ..... 7½ grains.
Cinnamomi Pulv ..... q. s.
M. et ft. pil. No. 30. Sig.: One to four pills daily.

FRECKLE OINTMENT.

R. Cupric Oleat ..... 1 ounce.
Petroeli ..... 16 ounces.
M. Sig.: Apply twice a day.—*The Southern Clinic.*

MYALGIA.

R. Tinct. Guaiac. Ammoniat ..... 1 ounce.
Ext. Cimicifugæ fl ..... 1 ounce.
Ext Erythroxyli fl ..... 1 ounce.
M. Sig.: A teaspoonful to be taken three times a day, before meals.

NERVOUS DYSPEPSIA.

R. Seng ..... 6 ounces.
Celerina ..... 6 ounces.
M. Sig.: Wineglassful just after eating.

POSTERIOR SPINAL SCLEROSIS.

R. Potass. Iodid ..... 1 drachm.
Ext. Belladonnæ ..... 1 grain.
Syr. Cort. Aurant ..... 1 ounce.
Aq. Destil ..... 3 ounces.
M. Sig.: Tablespoonful three times a day.

GENERAL ECZEMA.

R. Ungt. Zinci Oxidi ..... ½ ounce.
Ungt. Plumbi subacetat ..... ½ ounce.
Chloral Hydrat ..... 15 grains.
Pulv. Camphoræ ..... 15 grains.
M. Sig.: Use two or three times daily, after bathing with warm water.

R. Pulv. Rhei ..... 1-3 drachms.
Sodii Bicarb ..... 1-3 drachms.
Aq. Menthæ Pip ..... 4 ounces.
M. Sig.: Teaspoonful after meals.

APPLICATION FOR CHRONIC ULCER.

R. Acid. Chromic ..... 30 grains.
Acid. Tannic ..... 20 grains.
Morph. Sulph ..... 5 grains.
Chloral Hydrat ..... 6 drachms.
Aquæ ..... 1 pint.
M. Sig.: Apply frequently, during the day, with a camel-hair pencil; in the interim keep the ulcer covered lightly with a cloth or bandage.

EPILEPSY.

R. Syr. Brom. Comp. (Peacock) ..... 4 drachms.
Tinct. Belladonnæ ..... 3 drachms.
Inf. Gentianæ Comp ..... q. s ..... 8 ounces.
M. Sig.: Teaspoonful four times daily.

FOR IRRITABLE BLADDER.

R. Sanmetto ..... 8 ounces.
Sig.: Take a teaspoonful four times a day.

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Symptomatology.

CARDIAC DILATATION.

1. Turgescence of veins.
2. Skin pale or cyanosed.
3. Languid, feeble pulse.
4. Dull headache.
5. Vertigo.
6. Despondency.
7. Dyspnea.
8. Cough.
9. Hepatic congestion and tenderness.
10. Yellow coloration of conjunctiva.
11. Renal congestion, urine scanty and sometimes albuminous.
12. Cardiac uneasiness, with frequent attacks of palpitation.
13. Edema, anasarca, and finally dropsical effusions into the internal cavities occur.
14. Digestive disturbances.
15. Cardiac impulse is indistinct, wavy and diffused.
16. Pulse fluttering, feeble and uncertain.
17. Increased area of cardiac dullness, extending to the right.
18. First sound short, feeble, indistinct; the second, sharp and valvular.

MITRAL REGURGITATION.

1. A murmur heard during the first sound and extending into the diastole, most pronounced at the apex and diffused to the left. May be heard also at the lower angle of the left scapula and in the left intervertebral groove from the fifth to the ninth dorsal vertebra.
2. Increased intensity of the second sound just above the third rib on the left side over the pulmonary valves.
3. Pulse irregular in volume, becoming irregular in time later on. May be small and feeble or full and compressible, never *jerky*.

EXOPHTHALMIC GOITRE.

1. Undue prominence of the eyeballs.
2. Abnormality of the pupils (dilated or contracted).
3. Moderate enlargement of the thyroid gland, over which a murmur is heard.
4. Irritability of the heart, followed by hypertrophy.

MANIA.

1. Sleeplessness.
2. Irritability.
3. Repugnance to labor.
4. Self-reproach.
5. A sudden reversal of all symptoms.
6. Increased self-consciousness.
7. Manifest enjoyment and love of life.
8. Cheerfulness and wanton humor.
9. Individual continually praises his bodily health.
10. Exaggerated desire to labor with slight results.
11. Extravagant promises which remain unfulfilled.
12. A marked and extensive change in the disposition. The economical man becoming wildly extravagant; the temperate, intemperate; the reputable man disorderly and indecent in behavior.
13. Banishment of care and sorrow, abandonment to wild hilarity, great impetuosity, and absence of method in carrying out a design.
14. Opposition and well-meant attempts to clear up the confusion of ideas provokes explosions of anger and deeds of violence.

DIPHTHERIA.

1. Chill.
2. Vomiting.
3. Slight fever.
4. Dysphagia.
5. Sore throat.
6. Tumefaction of the lymphatic glands in the neck.
7. Appearance of grayish membrane spreading over the fauces, palate, roof of mouth and tonsils.
8. Voice muffled and nasal.
9. Breath fetid.
10. Great general depression.
11. Abolition of patella tendon reflex.
12. Albumen in the urine.

DILATATION OF THE STOMACH.

1. Dyspepsia.
2. Marked tympanites in the epigastrium.
3. Patient is usually a large eater.
4. Occasional attacks of vomiting, the vomited material being excessive and consisting of partially digested food.
5. Emaciation.

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Therapeutic Suggestions.

In atony of the digestive viscera, try Seng.

Chionia is valuable in all forms of hepatic torpor.

Small doses of strychnine will relieve nervous vomiting.

Lemon juice is excellent for removing stains from the nails.

Cold tea is a mild astringent, useful in all eye inflammations.

Bromidia will quickly relieve an attack of laryngismus stridulus.

Unguentine will relieve pruritus of the anus and vulva as by magic.

Saturate bloodstains with kerosene, let stand for a time, then wash out with warm water.

Dr. Holland says the taste of chloral hydrate is completely disguised if it be taken in lemonade.

Use chromic acid for warts and small suspicious nodules of any kind. Apply strong with a bit of cotton.

Celerina, in teaspoonful doses, two or three times a day, will be found a valuable remedy in night terrors.

Cactina Pillets are a safe and efficient heart tonic in cases of cardiac weakness after acute disease in childhood.

In the treatment of severe acne from uterine irritation, Stelwagon says that ergot, given internally, is the most potent remedy known.

Pure liquefied carbolic acid repeatedly applied rapidly removes genital warts. The surrounding surface should be well protected with vaseline.

Retention of urine, not due to mechanical obstruction, may be promptly relieved by Sanmetto in teaspoonful doses every hour or two.

A Worcester druggist says that a mixture of molasses and common cooking soda given in teaspoonful doses every five minutes will soon relieve croup.

Milk, which is such an excellent food in fevers, and is diuretic and absorbent, should be given highly salted in pneumonia. It should be salted in all fevers.

In stomatitis, administer a few drops of solution of Iodide of Lime (Billings, Clapp & Co.) three times a day, and touch the mucous membrane with the same.

In chronic dyspepsia, accompanied by diarrhea, especially where there is a desire to evacuate the bowels immediately after eating, few remedies will be found equal to arsenic.

Benzoin, in the form of the compound tincture, either in combination in ointment, or pure, has been found of service in seborrhea, eczema, and also in chronic eczema of the eyelids and lips.

Phosphorus is a much-neglected remedy in endocarditis. It is of particular value where the endocardial complication arises during the course of acute rheumatism in rapidly-growing children.

To dry up the secretion of milk, bathe the breasts thoroughly with hot lard and camphor several times daily, cover with thick layer of cotton, encircling the same with a heavy towel adjusted as tight as possible.

A four per cent ointment of cocaine, if well applied to the parturient canal, will lessen the pains of labor. The ointment should be rubbed into the part that is undergoing the stretching—the cervix, at the beginning of labor, and later in the vagina and perineum.

In rhinitis, vaseline applied warm with instruments that throw a spray under the turbinate processes from behind the soft palate, with a force not to exceed seven pounds to the square inch, it is certain to give marked relief, and that not of a transient character.

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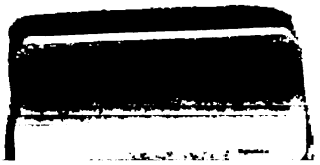

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